PRINT DATE: 06/25/02
PRINT TIME: 0032

MEDICAL CITY DALLAS HOSPI[redacted]
7777 FOREST LANE
DALLAS, TX 75230

PAGE 2

INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** HEMATOLOGY *** (continued)

Day		1			
Date		----------6/02/02----------			
Time	0615	0440		Reference	Units
=>MONO %		5.9		[0-15]	%
=>EOS %		0.6		[0-10]	%
=>BASO %		0.0		[0-4]	%
=>MDIFF REQUIRED		NO		[NO]	
=>TZANK SMEAR	(b)			[NEGATIVE]	

NOTES: (b) DONE SEE PATH REPORT

-6459

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** URINALYSIS ***

L = Low CL = Critical Low H = High CH = Critical High D = Delta
S* = Age and/or Sex Specific Reference Range

	Day 1		Reference	Units
	Date 6/02/02			
	Time 0520			
=>UA COLOR	YELLOW			
=>UA APPEARANCE	CLEAR			
=>UA GLUCOSE	NEGATIVE		[NEGATIVE]	
=>UA BILIRUBIN	NEGATIVE		[NEGATIVE]	
=>UA KETONES	NEGATIVE		[NEGATIVE]	
=>UA SPEC GRAVITY	1.025		[1.005-1.035]	
=>UA BLOOD	NEGATIVE		[NEGATIVE]	
=>UA PH	6.0		[5.0-8.5]	
=>UA PROTEIN	NEGATIVE		[NEG/TRACE]	
=>UA UROBILINOGEN	0.2		[0.2-1.0]	E.U./dL
=>UA NITRITE	NEGATIVE		[NEGATIVE]	
=>LEUK ESTERASE	NEGATIVE		[NEGATIVE]	
=>UA MICROSCOPIC?	NOT INDICATED			

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** ROUTINE CHEMISTRY ***
L = Low CL = Critical Low H = High CH = Critical High D = Delta
S* = Age and/or Sex Specific Reference Range

	Day	3				
	Date	6/04/02				
	Time	1710	0810	0810	Reference	Units
=>SODIUM		140		129 L	[136-145]	mEq/L S*
=>POTASSIUM		3.9		6.6(c) CH	[3.3-4.6]	mEq/L S*
=>CHLORIDE		105		102	[96-110]	mEq/L S*
=>CO2		21		20 L	[21-32]	mEq/L S*
=>GLUCOSE		147 H		568(d) H	[70-110]	mg/dL S*
=>BUN		11		8	[5-17]	mg/dL S*
=>CREATININE		0.8		0.9	[0.6-0.9]	mg/dL S*
=>TOTAL PROTEIN		6.2		5.1 L	[6.2-8.1]	gm/dL S*
=>ALBUMIN		3.0		2.4 L	[2.9-4.2]	gm/dL S*
=>CALCIUM		8.7 DL		7.1 L	[8.8-10.1]	mg/dL S*
=>BILI TOTAL		0.3		0.1	[0.0-1.0]	mg/dL S*
=>BILI DIRECT				0.1	[0.0-0.3]	mg/dL S*
=>SGOT/AST		145 H		175 H	[10-40]	U/L S*
=>SGPT/ALT		75 H		80 H	[30-65]	U/L
=>ALK PHOS TOTA		101		133	[69-325]	U/L S*
=>AMMONIA			29		[11-32]	umol/L

	Day	2		1		
	Date	6/03/02		6/02/02		
	Time	1840	0630	1620	Reference	Units
=>SODIUM		133 L	133 L	137	[136-145]	mEq/L S*
=>POTASSIUM		3.9	4.3	3.9	[3.3-4.6]	mEq/L S*
=>CHLORIDE		101	100	103	[96-110]	mEq/L S*
=>CO2		21	23	21	[21-32]	mEq/L S*
=>GLUCOSE		114 H	149 H	103	[70-110]	mg/dL S*
=>BUN		9	8	6 D	[5-17]	mg/dL S*
=>CREATININE		0.9	0.8	0.6	[0.6-0.9]	mg/dL S*
=>TOTAL PROTEIN		6.9 L	6.6	6.8	[6.2-8.1]	gm/dL S*
=>ALBUMIN		3.0	3.3	3.4	[2.9-4.2]	gm/dL S*
=>CALCIUM		9.1 L	8.8	8.4 L	[8.8-10.1]	mg/dL S*

NOTES: (c) Verified by repeat analysis.
No hemolysis noted
CALLED RESULTS to HALL at 0900 by H.LAB.RSS/0855
(d)

Patient: WILLIAMS,LABREA Age/Sex: 7/F Acct#H00707472988 Unit#H000826583

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** ROUTINE CHEMISTRY *** (continued)

Day	2		1		
Date	6/03/02		6/02/02		
Time	1840	0630	1620	Reference	Units
=>BILI TOTAL	0.3	0.4	0.3	[0.0-1.0]	mg/dL S*
=>BILI DIRECT		0.2		[0.0-0.3]	mg/dL S*
=>SGOT/AST	116 H	120 H	57 H	[10-40]	U/L S*
=>SGPT/ALT	84 H	61	52	[30-65]	U/L
=>ALK PHOS TOTA	192	221	255	[69-325]	U/L S*

Day	1			
Date	6/02/02			
Time	0440		Reference	Units
=>SODIUM	132 L		[136-145]	mEq/L S*
=>POTASSIUM	3.8		[3.3-4.6]	mEq/L S*
=>CHLORIDE	100		[96-110]	mEq/L S*
=>CO2	22		[21-32]	mEq/L S*
=>GLUCOSE	225 H		[70-110]	mg/dL S*
=>BUN	13		[5-17]	mg/dL S*
=>CREATININE	0.6		[0.6-0.9]	mg/dL S*
=>CALCIUM	9.0		[8.8-10.1]	mg/dL S*

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PRINT TIME: 0032

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

<<<< BEDSIDE/Point-of-Care Testing >>>>

BEDSIDE GLUCOSE
Effective 5/18/00, results will be flagged High or Low.

Day	3				
Date	6/04/02				
Time	0808			Reference	Units
=>BEDSIDE GLUC	574	H		[70-110]	mg/dL

Patient: WILLIAMS,LABREA Age/Sex: 7/F Acct#H00707472988 Unit#H000826583

PRINT DATE: 06/25/02
PRINT TIME: 0032

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** MICROBIOLOGY SUMMARY ***

	Col Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms ...
>	06/02/02	0433	02:DL:B0016332S	BLOOD	RIGHT ARM	F	<none>
>	06/02/02	1835	02:DL:V0000906U	FINGER	3RD DIG LT	F	<none>
>	06/02/02	1835	02:DL:V0000907U	FOREHEAD		F	<none>
>	06/02/02	1835	02:DL:V0000913S	FOREHEAD		F	<none>
>	06/02/02	2050	02:DL:V0000908U	NASOPHARG	NP WASH	F	<none>
>	06/02/02	1835	02:DL:V0000909U	RECTAL SWB		F	<none>
>	06/02/02	1835	02:DL:V0000910U	THROAT		F	<none>
>	06/02/02	1835	02:DL:V0000911U	WND OTHER	DESCRIBE	F	<none>
>	06/02/02	0615	02:DL:V0000903S	WND OTHER	DESCRIBE	F	<none>

PRINT DATE: 06/25/02
PRINT TIME: 0032

MEDICAL CITY DALLAS HOSPI
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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** MICROBIOLOGY ***
*** BACTERIOLOGY ***

Source: BLOOD

Collection Date: 06/02/02

> BLOOD CULTURE *Final 06/07/02*
NO GROWTH AFTER FIVE DAYS

PRINT DATE: 06/25/02
PRINT TIME: 0032

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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** VIROLOGY ***

Source: NASOPHARYNGEAL

Collection Date: 06/02/02

> VIRUS CULTURE (@e) *Final 06/24/02*
NO VIRUS RECOVERED

Source: THROAT

> VIRUS CULTURE (@e) *Final 06/24/02*
NO VIRUS RECOVERED

Source: FINGER

> VIRUS CULTURE (@e) *Final 06/18/02*
| NO VIRUS RECOVERED

Source: FOREHEAD

> VIRUS CULTURE (@e) *Final 06/18/02*
| NO VIRUS RECOVERED

> SMEAR VARICELLA ZOSTER (@e) *Final 06/03/02*
VIRAL TESTING | NO ANTIGEN DETECTED

NO ANTIGEN DETECTED

Source: WOUND OTHER

> SMEAR HERPES DFA (@e) *Final 06/03/02*
VIRAL TESTING | NO ANTIGEN DETECTED

NO ANTIGEN DETECTED

NOTES: (@e) Viral Diagnostics, Inc. - Richardson, TX
CLIA #45D0477822 CAP #31769-01

Patient: WILLIAMS,LABREA Age/Sex: 7/F Acct#H00707472988 Unit#H000826583

-71-66

PRINT DATE: 06/25/02
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INPATIENT FINAL DISCHARGE REPORT FOR MEDICAL RECORD

Patient: WILLIAMS,LABREA #H00707472988 (Continued)

*** VIROLOGY *** (continued)

Source: WOUND OTHER

Collection Date: 06/02/02

> VIRUS CULTURE (@f) *Final 06/18/02*
| NO VIRUS RECOVERED

Source: RECTAL SWABS

> VIRUS CULTURE (@f) *Final 06/18/02*
| NO VIRUS RECOVERED

NOTES: (@f) Viral Diagnostics, Inc. - Richardson, TX
CLIA #45D0477822 CAP #31769-01

NURSES'
NOTES

MEDICAL HISTORY

☐ Heart Defect: ☐ Bone/Skeletal problem:
☐ Sinus/Cough/Asthma: ☐ Lungs/TB/Bronchitis:
☐ Eye/Ear/Nose/Throat problems: EAR I ☐ Hepatitis/Liver Disease:
☐ Stomach/Digestive/Feeding problems: ☐ Kidney/Bladder problems
☐ Seizures/Epilepsy/Headaches: ☐ Diabetes:
Do you check your child's blood sugar at home? ☑ No ☐ Yes If yes, how often?
☐ Back/Neck problems: ☐ Physical/Mental abuse:
☐ Learning Disabilities: ☐ Emotional problems:
☐ Sickle cell anemia/Blood disorders/HIV: ☐ Rash/Skin problems:
☑ Speech/Hearing/Vision problems: Hearing Low Tone in Right Ear ☐ Childhood diseases (measles, mumps, rubella, chicken pox, etc.): ☐ Other:
How long do you anticipate being here? 24 hrs.
List all previous surgeries/hospitalizations within the past year: none
What type of surgery/test/treatment is your child having?
List any problems you or your family have had with surgery or anesthesia (nausea, vomiting, or slow to awaken): none

ALLERGIES

☑ None ☐ Medications ☐ Food ☐ Dye ☐ Latex ☐ Other:
List all allergies and describe any reactions:
☐ Past transfusions? ☑ No ☐ Yes If yes, what was the date? ☐ Blood reactions? ☐ No ☐ Yes
Describe reaction:

MEDICATIONS (Part 1)

List any medications taken daily: ☐ See attached list
a.) Prescription (steroids, eye drops, birth control pills, inhalers, etc.) none
b.) Diabetic drugs: none
c.) Non-prescription (aspirin, cold medications, etc.): for colds only. Benadryl

Medical City Dallas Hospital

Pediatric Admission Assessment Part 1
(To Be Completed By Parent/Guardian/Family)

Form # 0910013C, (Rev. 2/98)

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

-115-68

SOCIAL SCREENING

What name does your child prefer to be called? Bre
Languages spoken if not English: Parent(s): English Child: English
Please answer the following in reference to your child's social habits:
Alcohol ☑ No ☐ Yes Cigarettes ☑ No ☐ Yes Chewing tobacco ☑ No ☐ Yes Drugs ☑ No ☐ Yes
Sexually active ☑ No ☐ Yes Uses condom ☑ No ☐ Yes History of pregnancy ☑ No ☐ Yes
Birth control: none History of sexual/physical/emotional abuse? ☐ No ☐ Yes Brother
Who lives in your household? ☐ Parent(s): Mr. & Mrs. Madden ☑ Siblings (list ages): 2 siblings / 21 months / 10 mo sister
☑ Pet ☐ Other: Who is your child's primary caregiver? Name: Dr. Curtis
Relationship: mother Whom do you define as your family/support system?
Who is your child's major source of moral support? mother + Step father
Is there anything we can do to make this hospitalization easier for your child? be very nice to her
Whom do we call if needed? Name: Levell Madden Relationship: stepfather
Phone number: 214-360-0031 Beeper number:
Are there any visitation/custodial issues? ☑ No ☐ Yes Please specify:
Is there anything that would prevent you from being here with your child? yes
Who will be staying with your child? Sharon Young, Levell madden
Have you been receiving help from any agencies? ☐ Yes ☐ No ☐ Home Health ☐ Visiting Nurse ☐ ECI
☐ Food stamps ☐ CIDC ☐ Easter Seals ☐ MHMR ☑ WIC ☐ Other:

ENVIRONMENTAL

Residence: ☑ Apartment ☐ House ☐ Mobile Home ☐ Long term care
Conditions: ☐ No heat ☐ No phone ☐ No electricity ☐ No running water ☐ No 3-pronged outlet
☐ No refrigerator/freezer space ☐ Pests ☐ No transportation available ☐ Stairs

DEVELOPMENTAL/COGNITIVE

List your child's preferred activities: Read, science, social Studys + card games + etc.
Does your child use any special equipment or supplies for routine care? ☑ No ☐ Yes (specify):
Company providing: If school age, list Grade level: 3rd School: Ed Walker Vanguard
Any problems: no
Does your child use a night light? ☐ No ☑ Yes Is your child right or left handed? right How old is your child? 7
Check all that apply to your child: La Brea Williams
☑ Hold head up ☑ Sit up ☑ Roll over ☐ Crawl ☑ Smile ☐ Coo/Babble ☐ Cruise ☑ Walk ☑ Run ☐ Ride trike/bike
☑ Speak 1 word ☑ Speak 2-4 words ☑ Speak in sentences
Does your child have difficulty learning new things? no
What is the easiest way for him/her to learn? explanation
How does your child respond to pain or discomfort? Quite
Do you do anything special which helps? no

ELIMINATION

Is your child potty trained? ☑ Yes ☐ No Special words:
☐ Diaper day and night ☐ Night only Does your child have a history of bedwetting? ☐ No ☑ Yes
Any changes or difficulty with your child's bowel habits?

[redacted]
Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H00082658 3 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.

-116-69

PASTORAL/SPIRITUAL NEEDS SCREENING

Religion: _____ Do you have any religious or cultural practices or needs that we can assist you with? ☐No ☐Yes
Explain: _____

Do you wish to have your Minister, Priest or Rabbi called? ☒No ☐ Yes Name, phone #, Parish: _____

Do you wish to have a Chaplain visit? ☐ No ☒Yes

NUTRITIONAL SCREENING (Part 1)

What is your child's regular diet/formula? _____
Does your child use any of the following? ☐ Breast ☐Pacifier ☐ Bottle: _____
☒Cup ☐ Special nipple ☐Feeding tube: _____
When did your child last have something to eat or drink? drink 4:00 am today & last ate something saturday 7:30 pm & eating Liquids Now
Does your child have a feeding schedule? ☐ No ☐ Yes
Specify times and amounts: _____
Does your child eat/drink food products containing caffeine? ☐ No ☒Yes
Specify: ☐ Coffee ☐ Tea ☒Soft drinks ☐ Chocolate

FEMALE PATIENTS ONLY

Has your child started menses (period)? no Is it possible that your child could be pregnant? ☒No ☐ Yes
Is your child pregnant? ☒No ☐ Yes How many weeks? _____
Number of pregnancies: 0 Children: 0

INFORMATION VALIDATION

This information completed by: LaSandra Barber Madden Relationship: mother
Interpreter: none
Reviewed and discussed with parents by: _____
Date: _____ Time: _____

NURSING TO COMPLETE

Height: _____cm Weight: _____lbs._____kg. Blood Pressure: RA_____ LA_____ RL_____ LL_____
Temperature: _____º Pulse: _____ Respirations: _____ Head Circumference (children <2 yrs): _____cm
Immunizations:
☐ DPT ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ booster ☐ HIB ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ booster
☐ OPB ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ booster ☐ Hepatitis B ☐ 1 ☐ 2 ☐ booster
☐ MMR ☐ booster
Immunizations current? ☐ No ☐ Yes If immunizations are not current, refer to Pediatric Immunization Update record.
Recent exposure to contagious diseases? ☐ No ☐ Yes If yes, explain: _____
Chicken pox? ☐No ☐ Yes If yes, explain: _____

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
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-11770

SKIN INTEGRITY SCREEN

1. Abrasions/bruises? ☒ No ☐ Yes location:
2. Reddened areas? ☐ No ☒ Yes location: 2 blisters
3. Pressure ulcer? ☒ No ☐ Yes location:
4. Lacerations/scars? ☒ No ☐ Yes location:
5. Burns? ☒ No ☐ Yes location:
6. Rash? ☐ No ☒ Yes location: all over body

Could any of the above signify POSSIBLE abuse? (Refer to Abuse Policy) ☒ No ☐ Yes ● Notify Social Services

Check any that apply:

☒ None ☐ Assist/total feed ☐ Tube/gavage feed ☐ Complex feed ☐ Restricted bed rest ☐ Complex activity ☐ Medical immobilization
☐ Unresponsive/comatose ☐ Confused/disoriented ☐ Sensory impairment

✓ Refer to acuity guidelines for Nursing Care Record

● Notify Skin Care Nurse as per the Pressure Ulcer and Skin Care Protocol for any Yes answers in this screen.

SAFETY NEEDS ASSESSMENT

Check any that apply:

☒ None ☐ Confused/Disoriented/Delirious ☐ History of falling ☐ History of seizures ☐ Age < 2 years
☐ Side effects of drugs, anemia, electrolyte imbalance

If any of the above are checked, enter a Safety/Fall problem on the Problem List.

FUNCTIONAL SCREENING

Check any that apply: Does the patient have?

☐ Difficulty performing ADL's ☐ Difficulty with functional modality (walking, sitting, crawling, balance) ☐ Weakness
☐ Pain that interferes with play or daily living skills ☐ Difficulty understanding verbal or spoken language
☐ Difficulty speaking, writing, stuttering, cognition ☐ Signs of swallowing difficulties ☐ Developmental delay ☐ Open wounds
☐ Difficulty with hearing ☐ Difficulty positioning ☐ A need for modified leisure play/skills
☐ Would the patient benefit from exercises of developmental evaluation?

● Notify PT, OT, Speech or Rehab Services if Yes answered to any of the above.

MEDICATIONS

Current medications / dose / frequency / last taken:

_____ _____ _____
_____ _____ _____
_____ _____ _____

● Notify Medical Nutrition if any of the following are listed: Capoten (Captopril), Cipro (Ciprofloxacin), Coumadin (Warfarin), Dilantin (Phenytoin) Suspension, INH (Isoniazid), Marplan (Isocarboxazide), Matulane (Procarbazine), Mardil (Phenelzine), Slo-BID and Theodure (Theophylline), Parnate (Tranylcypromine), Tagamet (Cimetidine), Selegiline (Eldepryl)

Parent/Guardian articulates understanding of why patient taking medication? ☐ Yes ☐ No

DISPOSITION: ☐ None ☐ Sent home ☐ To security for storage ☐ At bedside per Physician order

OTHER

~~Admission Assessment Part I assessed and/or reviewed upon admission:~~

Signature of RN: _____ Date: _____ Time: _____

Completed by: Kris Kalla Date: 6 2 02 Time: 0615

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

118-71

ADMISSION DATA

CHIEF COMPLAINT: blisters, fever

COMMENTS: blisters started yesterday on face & got larger; blisters on arms & legs started today

Date 6/2/02 Unit arrival time 0645 Arrived via: ☑ Wheelchair ☐ Stretcher ☐ Ambulatory ☐ Carried

BP 135/82 Temperature 36.8° Pulse 139 Resp 24 Arrived from: ☐ Admitting ☑ ER ☐ Surgery ☐ Transport ☐ Other: _____

NPO: ☑ No ☐ Yes Since: _____ * fever x 1-2 days off + on

INFORMATION SOURCE: ☑ Parent/Guardian ☑ Patient ☐ Other: _____ ☐ Unable to obtain

Valuables: _____ ☑ None noted Disposition: ☐ Home with _____ ☐ Safe ☐ Bedside per patient request

ASSISTIVE DEVICES

☐ Glasses ☐ Contact R/L ☐ Hearing aid R/L ☐ Walker ☐ Cane ☐ Wheelchair ☐ Dentures/Retainer ☐ Oxygen

☐ Monitors (specify) _____ ☐ None ☐ Other: _____

Disposition of Assistive Devices: _____ ☐ Home with _____ ☐ Bedside

SOCIAL SERVICE DISCHARGE SCREENING

1. Patient/Family exhibits ineffective coping mechanisms? ☑ No ☐ Yes ☐ Unknown
2. Any support services prior to admission? ☑ No ☐ Yes ☐ Unknown

☐ Home Health ☐ Medical Equipment ☐ Nursing Home ☐ Rehab ☐ Other (specify): _____

3. Planned Discharge to: ☑ Home ☐ Nursing Home ☐ Rehab ☐ Unknown ☐ Other (specify): _____ ● Notify Case Management/Social Services for all except home.
4. Will patient need post discharge assistance with ADLs/physical functioning? ☑ No ☐ Yes ☐ Unknown ●
5. Will assistance be needed beyond that which the family can provide? ☑ No ☐ Yes ☐ Unknown ●
6. Financial/Insurance Concerns? ☑ No ☐ Yes ☐ Unknown ●

● Notify Case Management/Social Services if yes answered to any of the three questions above.

7. Does patient have someone to provide care after discharge? ☐ No ☑ Yes ☐ Unknown Who? parents Phone# _____

PHYSICAL ASSESSMENT

ORIENTED: ☑ Oriented appropriately for age: ☑ Yes ☐ No Specify: _____

LOC: ☑ Alert ☐ Lethargic/Drowsy ☐ Sedated ☐ Unresponsive ☐ Comatose

PUPILS: ☑ Equal ☐ Unequal ☑ Reactive ☐ Non-reactive ☐ Sluggish

EYES: ☐ No deficit ☐ Visual impairment ☐ Corrected (specify) _____ ☐ Uncorrected Blind: ☐ right ☐ left ☐ Strabismus ☐ Blurred vision ☐ Discharge ☑ Itching ☐ Jaundice ☐ Pale conjunctiva ☐ Photophobia ☐ Ptosis ☑ Redness ☑ Other: tearing drainage

EARS/NOSE/MOUTH/THROAT: ☐ No deficit ☐ Hearing impaired ☐ Corrected (specify): ☐ Uncorrected Deaf ☐ R ☐ L ☐ Tinnitus ☐ Otitis media ☑ Drainage/Discharge ☐ Epistaxis ☐ Loss of smell ☐ Post nasal drip ☐ Bleeding gums ☐ Enlarged tonsils ☐ Hoarseness ☑ Lesions ☐ Loss of taste ☐ Poor dentition ☐ Stomatitis ☑ Other: blisters on lips + tongue

EXTREMITY STRENGTH: UPPER: ☑ Equal ☐ Unequal LOWER: ☑ Equal ☐ Unequal ☐ Hemiplegia ☐ R ☐ L ☐ Paraplegia ☐ Quadriplegic blisters on arms + legs

SPEECH: ☑ Age appropriate ☐ Delayed ☐ Articulation errors ☐ Unable to assess ● Notify Speech Therapy if not appropriate for age.

RESP: ☑ Unlabored ☐ Grunting ☐ Retractions (describe) _____ ☐ Nasal flaring ☐ Irregular ☐ Apnea ☐ Tachypnea ☐ Dyspnea ☐ Tracheostomy size: _____ ☐ Extra at bedside

BREATH SOUNDS: Right: ☑ Clear ☐ Wheezes ☐ Crackles ☐ Coarse ☐ Diminished ☐ Absent Left: ☑ Clear ☐ Wheezes ☐ Crackles ☐ Coarse ☐ Diminished ☐ Absent

COUGH: ☑ None ☐ Productive ☐ Non-productive ☐ Hacky

Medical City Dallas Hospital

Pediatric Admission Assessment Part 2

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

Form # 0910014C (Rev. 2/98)

PHYSICAL ASSESSMENT (cont)

SECRETIONS: ☐ No ☑ Yes (describe): yellowish from eyes, cloudy from nose

HEART SOUNDS: ☑ Regular ☐ Irregular ☐ Murmur

PULSES: Codes: P = Present A = Absent D = Doppler ☐ Regular ☐ Irregular Brachial: R P L P Pedal: R P L P

EDEMA: ☑ None ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location:

SKIN COLOR: ☐ WNL ☐ Flushed ☐ Pale ☐ Dusky ☐ Cyanotic ☐ Jaundiced ☑ Rash (describe): blisters all over body

SKIN TURGOR: ☐ Good ☑ Fair ☐ Poor

MUCOUS MEMBRANES: ☑ Moist ☐ Dry

SKIN: ☑ Warm ☑ Dry ☐ Diaphoretic ☐ Cool ☐ Clammy ☑ Capillary Refill 3 seconds

ABDOMEN: ☐ Soft ☐ Nondistended ☐ Distended ☐ Rigid ☐ Tender ☐ Non-tender ☐ Ostomy ☐ Vomiting ☐ Nausea

BOWEL SOUNDS: ☐ Present ☐ Hypo ☐ Hyper ☐ Absent

STOOL FREQUENCY: ☑ Daily/Regular Last B/M: ☐ Diarrhea Times/day:

GENITOURINARY: ☑ WNL ☐ Burning ☐ Dysuria ☐ Frequency ☐ Incontinence ☐ Hematuria ☐ Nocturia ☐ Oliguria ☐ Polyuria ☐ Pyuria ☐ Sediment ☐ Urgency ☐ Sexually transmitted diseases ☐ Wears diapers ☐ Toilet trained

Male: ☐ Circumcised ☐ Discharge (describe): ☐ Hernia ☐ Hydrocele ☐ Hypospadias ☐ Lesions ☐ Phimosis ☐ Puberty ☐ Testes undescended ☐ Uncircumcised

Female: ☐ Breast development ☐ Vaginal discharge (describe): ☐ Inflammation ☐ Lesions ☐ Lumps/Nodes ☐ Menses present ☐ Regular menses ☐ Irregular menses (describe):

CATHETER: ☑ No ☐ Yes Type/Date inserted:

VENOUS ACCESS: ☑ Venous access/device Type: AV @ hand

TUBES: ☐ NG ☐ G-tube ☐ Other:

ADDITIONAL PHYSICAL ASSESSMENT FINDINGS: nausea vomiting, chills & hot flashes off & on

✓ WNL (within normal limits): Refer to definition in Nursing Care Record

EDUCATION

REFER TO PT/FAMILY ASSESSMENT OF LEARNING NEEDS (IN PT/FAMILY EDUCATION SECTION OF MEDICAL RECORD) FOR FULL REVIEW

PAIN/COMFORT SCREENING

Pain: ☐ Denies ☑ Yes Location of pain: mouth + lips genital area Pain intensity? (rate 1-4) 3 ☐ Patient unable to evaluate

Child's perception of pain: Parents perception of pain:

Quality of pain? ☐ Sharp ☐ Stabbing ☑ Dull ☐ Tingling ☐ Constant Duration of pain: all day ☐ Other:

What increases pain? eating What decreases pain? nothing

PSYCHOSOCIAL

☑ Calm/Cooperative ☐ Agitated ☐ Angry ☑ Anxious/Fearful ☐ Difficulty coping ☐ Inappropriate affect ☐ Flat/blunted affect ☐ Hallucinating ☐ Hostile/Combative ☐ Mood swings ☐ Sleep disturbances ☐ Withdrawn ☐ Other:

Fears: Comfort (toy, animal, etc.)

"Special" words/meanings:

Support systems: ☑ Caregiver ☑ Family ☐ Friends/neighbors Name:

NUTRITIONAL SCREENING

1. Recent weight loss?	☑ No	☐ Yes	8. ☐ Lactating or pregnant?
2. Diagnosis relating to actual or potential malnutrition?	☑ No	☐ Yes	● Notify Dietary if Yes
3. On modified diet, tube feeding or parenteral nutrition?	☑ No	☐ Yes (specify):	answered to any
4. No intake/clear liquids greater than or equal to 2 days?	☑ No	☐ Yes	questions 1-8.
5. Chewing/swallowing difficulties?	☑ No	☐ Yes ● notify Speech Therapy	9. ☐ Breast fed
6. Food allergy/intolerance?	☑ No	☐ Yes (specify):	10. ☐ Bottle-fed
7. Any cultural/ethnic/religious food preferences?	☑ No	☐ Yes (specify):	Specify formula:

Facility
Medical City Dallas Hospital

Service/Location
EMERGENCY ROOM

Status Date
REG ER 06/02/02

Acct # H00707472988 [redacted]

Unit # H000826583 [redacted]

Patient's Legal Name
WILLIAMS, LABREA

Sex	Race	DOB	Age	Ht	Wt	SS	MS	Religion
F	AA	07/20/94	7				S	BAPTIST

Prior Stay

Patient's Legal Address
8201 MANDERVILLE LN APT 208,DALLAS,TX 75231

Phone
214-360-0631

DISCHARGE STATUS

Date Hours

___ ___
___ Routine (Home)
___ Home Health Care
___ AMA
___ Transferred to (Spcecify)

EXPIRED

___ Over 48 Hours
___ Under 48 Hours
___ Autopsy
___ In Operating Room
___ Post-op Death
___ Coroner's Case

CONDITION ON DISCHARGE

___ Much Improved
___ Improved
___ Not Improved
___ Complications
___ Disease Progression
___ Not Treated/Diagnosis Only

SEVERITY INDEX

___ Low
___ Moderate
___ Major
___ Extreme

STAGE

___ Asymptomatic
___ Moderate Manifestations
___ Major Manifestations
___ Catastrophic

FINAL DIAGNOSES | **CODES**

Principal:

Other Diagnoses and Manifestations

Injury: External Cause	Date Hour	Late Effect ___Yes ___ No	Poisoning (External Cause/Substance)
Infection Type (Specify Organism and Site)			Cause or Origin

DATES	OPERATIONS AND PROCEDURES	CODES
	Principal (Specify Dates)	
	Other (Specify Dates)	

CONSULTING PHYSICIAN/RESIDENTS

1. 2. 3. 4. 5.

Signature of Resident _____ Date _____

Signature of Attending Physician
Matthew D Bush, M.D. Date _____

FACE SHEET

Printed 06/02/02 0531

-121-74

Year _____

INPATIENT PEDIATRIC & PEDIATRIC INTENSIVE CARE Date or ✓ (done)	Learner	Method & Outcome	Date & Initial	Learner	Method & Outcome	Date & Initial	Learner	Method & Outcome	Date & Initial
1. ~~Orientation to~~ Care Unit: (Circle) PEDIATRICS PICU	m,pt	O/O V							
2. Review of Monitoring Parameters	m,pt	O/O V							
3. Intravenous Fluid Therapy	m pt	O/O V							
4. Administration of Blood Products									
5. Diagnostic Testing ☐ Chest x-ray ☑ Laboratory work ☐ EKG ☐ Echocardiogram ☐ CAT scan ☐ MRI ☐ X-ray ☐ GI lab	m pt	O/O V							
6. Diagnosis: _____									
7. Airway Management ☐ Oxygen ☐ Face mast/tent ☐ Nasal cannula ☐ Suctioning ☐ Ventilator ☐ Aerosol nebulizer ☐ Other: _____									
8. Pulmonary Toilet ☐ Cough & deep breath ☐ Incentive spirometry ☐ CPT/vibration ☐ Positioning ☐ Suctioning									
9. Activity/Positioning Instructed to room	m,pt	O/O V							
10. Nutrition ☐ Diet: _____ ☐ Gavage ☐ Meal preparation ☐ NG placement/feeding/schedule ☐ Calorie requirements ☐ Other: _____									
11. Pain Management	mpt	O/O V							
12. Signs & Symptoms to Notify MD									

LEARNER CODES		READINESS
P - Patient M - Mother F - Father GP - Grandparent O - Other _____ (specify)		☐ Initial Assessment documents readiness to learn ☐ See Problem List for identified learning deficits ☐ Initial Assessment documents readiness to learn ☐ See Problem List for identified learning deficits

METHOD	OUTCOME
O/O - One to One	V - Verbalizes understanding
W - Written material provided	R - Return demonstration
TV - TV/Video	NR - Needs reinforcement
Ref - Referral, see notes	I - Independent demonstration
CR - Content reinforced	C - Completed

INITIAL	DISCIPLINE	SIGNATURE
kj	Nurs	Kris Kyle Lp

North Texas Hospital for Children
at Medical City Dallas
INPATIENT PEDIATRIC & INTENSIVE CARE
PATIENT/FAMILY TEACHING FORM

Form # 0912890C Dept. 645, 646, 675, 782, Rev (03/00)

Patient ID

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

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Year _____

INPATIENT PEDIATRIC & PEDIATRIC INTENSIVE CARE Date or ✓ (done)	Learner	Method & Outcome	Date & Initial	Learner	Method & Outcome	Date & Initial	Learner	Method & Outcome	Date & Initial
13. Follow-Up Appointment with Physician									
14. Home Equipment ☐ Oxygen ☐ Nebulizer ☐ IV fluids ☐ Apnea monitor ☐ Feeding pump ☐ C-pap ☐ Other: _____									
15. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
16. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
17. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
18. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
19. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
20. Medication: _____ Demonstrates administration; Verbalizes dosage, action, side effects, drug/food interactions									
21.									
22.									
23.									
24.									
25.									
26.									
27.									

INITIAL	DISCIPLINE	SIGNATURE	INITIAL	DISCIPLINE	SIGNATURE

North Texas Hospital for Children
at Medical City Dallas
INPATIENT PEDIATRIC & INTENSIVE CARE
PATIENT/FAMILY TEACHING FORM

Patient ID

Form # 0912890C [illegible]45, 646, 675, 782, Rev ([illegible])

[redacted] United [redacted]es, Jan[redacted]ary - Decem[redacted]2001

Vaccines[1] are listed under routinely recomme... recommended age should be given as ... vaccines to be given if previously ... ages. Bars indicate range of recommended ages fo... :h-up" immunization at any subsequent visit when in... ommended doses were missed or given earlier than th... munization. Any dose not given at the ...d and feasible. Ovals indicate ... ommended minimum age.

Age ► / Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-18 yrs
Hepatitis B[2]	Hep B #1											
		Hep B #2										
					Hep B #3							
											Hep B	
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP		DTaP[3]			DTaP	Td	
H. influenzae type b[4]			Hib	Hib	Hib	Hib						
Inactivated Polio[5]			IPV	IPV	IPV[5]					IPV[5]		
Pneumococcal Conjugate[6]			PCV	PCV	PCV	PCV						
Measles, Mumps, Rubella[7]						MMR				MMR[7]	MMR	
Varicella[8]						Var					Var	
Hepatitis A[9]									Hep A — in selected areas[9]			

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

PATIENT IMMUNIZATION HISTORY

	CURRENT	NON-CURRENT	UNKNOWN
HEPATITIS B			
DIPTHERIA, TETANUS, PERTUSSIS			
H INFLUENZA, TYPE B			
POLIO			
MEASLES, MUMPS, RUBELLA			
VARICELLA			
PNEUMOCCAL			

CLINIC LIST FOLLOW- UP

CITY OF DALLAS CLINICS		
East Dallas	3320 Live Oak	214-819-2162
Bluitt- Flowers	303 N Overton	214-266-4200
Garland	802 Hopkins	214-590-0700
Oak West	4444 S Hampton	214-330-1066
South East Dallas	9292 Elam	214-309-1690
Vickery	8223 Park Ln #130	214-590 0350

***Immunizations and General Medical Care- Appt. needed- Sliding Scale Fees**

Date of last Tetanus _____ **Data source** _____ **Form completed by** _____

Patient is advised to check with his/her personal physician or contact one of the above local health department clinics regarding immunizations

CONSENT FOR IMMUNIZATIONS

I have read or have had explained to me the information provided for these immunizations I have had the oppurtunity to have questions answered to my satisfaction I believe I understand the benefits and risks of the immunizations and asks that the immunizations below be given to the patient named below for whom I am authorized to make this request

I have received information regarding immunizations recommendations and locations where I may obtain these.

I do give permission for _____ (Name) to receive _____ (Immunization)

I do not give permission for _____ (Name) to receive _____ (Immunization)

_____ **(Signature)** _____ **(Relationship)**

_____ **(Witness)** _____ **(Date)**

North Texas Hospital For Children
At Medical City Dallas Hospital

PEDIATRIC IMMUNIZATION UPDATE

Form 0911797C Rev. (5/01) White- Chart Yellow- Patient

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

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Complete each column on admission, change in status, or transfer to another unit.

LEARNING NEEDS ASSESSMENT	DATE			Identify easiest way to learn.	DATE			Needs Education On:	DATE		
	6/2				6/2				6/2		
Participants	P,M			Participants	P,M			Participants	P,M		
Able to Read	✓			Listening	✓			Diet/Nutrition	✓		
Language Barrier _____				Reading				Medication (include potential food/drug or drug/drug interactions)			
Visual Needs _____				Pictures/Videos				Personal Hygiene & Grooming			
Hearing Disability _____				Demonstration				Equipment			
Physical Limitations _____				Read Lips				Support Groups/ Community Resources			
Emotional State _____				Other: _____				Illness/condition			
Religious/Spiritual Consideration _____								Self Care Skills/ Rehabilitation Techniques			
Cultural/Lifestyle Influences								Other: _____			
Cognitive Limitations				Initials	Printed Name			Signature/Title			
Financial Limitations											
Unable to Assess (See Comments)											
Other: _____											

LEGEND

Readiness to Learn:
W = Willing to Learn
N = Needs Encouragement
R = Refused
D = Disoriented
A = Anxiety
L = LOC

Participants:
P = Patient
F = Family*
O = Other*
I = Interpreter*
*Identify in Comments

Methods/Materials:
AV = Audio/Visual
C = Class
D = Demonstration
P = Phone Call
V = Verbal
W = Written

Evidence of Learning:
N = Needs Additional Education
V = Verbalizes Understanding
R = Returns Accurate Demonstration
P = Performs Routinely
• See Interdisciplinary Notes

Disciplines:
NUR = Nurse
RT = Respiratory Care
SW/CM = Social Worker/ Case Manager
PT = Physical Therapy
OT = Occupational Therapy
ST = Speech Therapy
MNT = Medical Nutrition Therapy
CPR = Cardiac Pulmonary Rehab
Other

Education

Discipline	Date	Time	Readiness To Learn	Participants	Methods and Materials	Subject/Comments	Evidence of Learning/ Date/Initials	Evidence of Learning/ Date/Initials	Evidence of Learning/ Date/Initials

Medical City Dallas Hospital

Interdisciplinary Education Assessment Record

Form # 0910331T (Rev. 5/01) 1 of 2

Patient Identification
Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

-79-78

1. Patient / Family expectations are incorporate o plan of care: ☐ Yes ☐ No If No exp _____
2. Goals will be modified based upon patient / fa_y need.
3. See Interdisciplinary Notes for Goal Summary and Re-Prioritization.

Discipline Codes:
NUR = Nursing CPR = Cardiac Pulmonary Rehab OT = Occupational Therapy Other: _____
RT = Respiratory Care SW/CM = Social Worker/Case Management Other: _____
MNT = Medical Nutrition Therapy PT = Physical Therapy ST = Speech Therapy Other: _____

* **Discharge Follow-up Referral Codes:** 1 = Home Health 2 = Nursing Home 3 = Rehabilitation 4 = Hospice 5 = Other

Date / Time	Initials	Discipline Code	Number	Problem/Need	Goal (Measurable)	Goal Met Y	Goal Met N	Goal Met Date / Initial	If not met . . Follow-up
	K	Nurs	5	Discharge Planning	D/c home				
	K	Nurs	2	Pain Management	Pain free				
	K	Nurs	3	Knowledge Deficit	Poc complete				
	K	Nurs	4	Psychosocial/Spiritual	needs met				
	K	Nurs	1	fever	afebrile				

Initials	Printed Name	Signature/Title	Initials	Printed Name	Signature/Title

Medical City Dallas Hospital

Patient Plan of Care - Interdisciplinary Goals

Patient Identification

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Form # 0910331T (Rev. 5/01) 2 of 2

-8079

PEDIATRIC INTERDISCIPLINARY FLOW SHEET

DATE: 6-4-02

GENERAL CARE	ALARMS ON	7A - 7P	7P - 7A
Heart Monitor	☐ N/A ☐ Yes	HIGH ___ / LOW ___	HIGH ___ / LOW ___
Respiratory / Apnea	☑ N/A ☐ Yes	HIGH ___ / LOW ___	HIGH ___ / LOW ___
Arterial Line	☑ N/A ☐ Yes	HIGH ___ / LOW ___	HIGH ___ / LOW ___
Pulse Oximetry	☐ N/A ☑ Yes	HIGH 100 / LOW 90	HIGH ___ / LOW ___
		HIGH ___ / LOW ___	HIGH ___ / LOW ___
Pressure Line Zero Balanced	☑ N/A	☐ A-Line ☐ PA ☐ CVP ☐ Other	☐ A-Line ☐ PA ☐ CVP ☐ Other
Bed Type		SPECIFY Adult	SPECIFY
Brakes Locked / Siderails Up		☑ Yes ☐ Yes	☐ Yes ☐ Yes
Call Light Within Reach		☑ Yes ☐ N/A	☐ Yes ☐ N/A
Special Bedding		☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other ___	☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other ___
ID Band / Allergy Band		☑ Yes / ☐ Yes ☑ N/A	☐ Yes / ☐ Yes ☐ N/A
Seizure Precautions	☑ N/A	☐ Yes	☐ Yes
Latex Allergy Alert	☑ N/A	☐ Yes	☐ Yes
Chemotherapy Precautions	☑ N/A	☐ Yes	☐ Yes
Isolation (C = Contact, D = Droplet, A = Airborne)		☐ C ☐ D ☐ A	☐ C ☐ D ☐ A
ETT / Trach Size	☐ N/A	☐ Cuffed ☐ Uncuffed ___	☐ Cuffed ☐ Uncuffed ___
ETT Taped	☑ N/A	☐ Lip ___ cm ☐ Nare ___ cm	☐ Lip ___ cm ☐ Nare ___ cm
Extra Trach / ET Tube @ BS	☑ N/A	☐ Yes	☐ Yes
Ambu Bag/Mask	☑ N/A	☐ Yes	☐ Yes
O2 / Suction @ BS		☑ Yes	☐ Yes
Wire Cutters @ BS	☑ N/A	☐ Yes	☐ Yes
Emergency Drug Sheet		☑ Yes	☐ Yes

GENERAL CARE	7A - 7P	7P - 7A
24 hr. Order Check	☐ Yes	☐ Yes
Bath / Linen (Time Done)	☐ Yes	☐ Yes
Oral Care (Time Done)		
Trach Care / Change (Time Done)		
G-Tube Care (Time Done)		
Foley Care (Time Done)		
Dressing Change Site ___ (Time Done)		
Dressing Change Site ___ (Time Done)		
Dressing Change Site ___ (Time Done)		
IV Start/Restart (Time Done)	Size ___ # used ___	Size ___ # used ___
IV Tubing Change (Time Done)		
IV Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		

DURABLE EQUIPMENT

- ☐ Thermic Unit
- ☐ PCA / Epidural ___
- ☑ Infusion (One) Channel Pump x 1
- ☐ Infusion (Two) Channel Pump x ___
- ☐ Infusion (Four) Channel Pump x ___
- ☐ Thoracic Suction
- ☐ External Pacemaker
- ☐ Kangaroo Pump
- ☑ Syringe Pump x 1
- ☐ Sequential Compression Device
- ☐ Trays (i.e., Lumbar, etc.) x ___
- ☐ Photo Therapy
- ☐ Other ___

ALL PERSONNEL UTILIZING INITIALS ON THIS FORM WILL SIGN AND INITIAL BELOW

INIT	PRINT	SIGNATURE
MH	Meredith Hill	MHillen
CS	Cheri Stringer	CStringer

INIT	PRINT	SIGNATURE
SD	Sally Derrick	Sally Derrick

North Texas Hospital for Children
at Medical City Dallas

PEDIATRIC INTERDISCIPLINARY FLOW SHEET

Form #0912130 Dept. 640, 645
(Rev. 2/01) Page 1 of 10

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

-81-80

PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N. (WNL) = WITHIN NORMAL LIMITS	DAY Time of Assessment: 0840 Signature/Title: [signature]	EVENING Time of Assessment: Signature/Title:	NIGHT Time of Assessment: Signature/Title:
NEUROLOGICAL (WNL) = Oriented appropriately for age. Alert and/or easily aroused. PERL appropriate for age. Active and full ROM to all extremities with symmetry of strength. Behavioral / Developmental stage appropriate for age. Responsive to verbal, tactile and painful stimuli. No deficit in hearing or sight. Head and face symmetrical. Fontanel soft and flat.	☐ WNL ☑ See detailed Neuro ☐ Agitated ☐ Sedated ☐ Paralyzed (chemically) ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ☐ Tingling: Location ☐ Headache: Location CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse SUTURE: ☐ Over-riding ☐ Separated FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed SUCK: ☐ Absent ☐ Weak ☐ Other:	☐ WNL ☐ See detailed Neuro ☐ Agitated ☐ Sedated ☐ Paralyzed (chemically) ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ☐ Tingling: Location ☐ Headache: Location CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse SUTURE: ☐ Over-riding ☐ Separated FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed SUCK: ☐ Absent ☐ Weak ☐ Other:	☐ WNL ☐ See detailed Neuro ☐ Agitated ☐ Sedated ☐ Paralyzed (chemically) ☐ Unresponsive to: ☐ Painful ☐ Tactile ☐ Verbal stimuli ☐ Post anesthesia ☐ Lethargic / drowsy ☐ Absent reflexes: ☐ Cough ☐ Gag ☐ Numbness: Location ☐ Tingling: Location ☐ Headache: Location CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse SUTURE: ☐ Over-riding ☐ Separated FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed SUCK: ☐ Absent ☐ Weak ☐ Other:
CARDIOVASCULAR (WNL) = Apical pulse regular and rate appropriate for age. Peripheral pulses present and equal bilaterally. No edema or cyanosis noted. Capillary refill less than 3 seconds. Blood pressure appropriate for age.	☐ WNL ☐ Murmur ☐ Abnormal peripheral pulses ☐ Capillary refill ___ seconds ☑ Edema: Location Facial ☑ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ☐ Temp. pacing wires intact and dry ☐ Pacemaker ☐ Rate ☐ Sensitivity ☐ Battery checked ☑ Other: tachy at times	☐ WNL ☐ Murmur ☐ Abnormal peripheral pulses ☐ Capillary refill ___ seconds ☐ Edema: Location ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ☐ Temp. pacing wires intact and dry ☐ Pacemaker ☐ Rate ☐ Sensitivity ☐ Battery checked ☐ Other:	☐ WNL ☐ Murmur ☐ Abnormal peripheral pulses ☐ Capillary refill ___ seconds ☐ Edema: Location ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ Location ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+ ☐ Arrhythmia ☐ Temp. pacing wires intact and dry ☐ Pacemaker ☐ Rate ☐ Sensitivity ☐ Battery checked ☐ Other:
RESPIRATORY (WNL) = Respirations unlabored and symmetrical; regular rhythm and depth; rate within normal limits for age. Breath sounds clear and equal bilaterally.	☑ WNL ☐ Dyspneic ☐ Tachypneic ☐ Apnea ☐ Irregular BREATH SOUNDS: ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Periodic breathing RETRACTIONS: ☐ Subcostal ☐ Intercostal ☐ Substernal ☐ Suprasternal ☐ Subclavian COUGH: ☐ Non-productive ☐ Productive SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ☑ O2 99 % ___ l/min Method RA ☐ Other:	☐ WNL ☐ Dyspneic ☐ Tachypneic ☐ Apnea ☐ Irregular BREATH SOUNDS: ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Periodic breathing RETRACTIONS: ☐ Subcostal ☐ Intercostal ☐ Substernal ☐ Suprasternal ☐ Subclavian COUGH: ☐ Non-productive ☐ Productive SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ☐ O2 ___ % ___ l/min Method ☐ Other:	☐ WNL ☐ Dyspneic ☐ Tachypneic ☐ Apnea ☐ Irregular BREATH SOUNDS: ☐ Coarse ☐ Crackles ☐ Diminished ☐ Wheezing ☐ Stridor ☐ Nasal flaring ☐ Grunting ☐ Periodic breathing RETRACTIONS: ☐ Subcostal ☐ Intercostal ☐ Substernal ☐ Suprasternal ☐ Subclavian COUGH: ☐ Non-productive ☐ Productive SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick ☐ Thin ☐ Color ☐ O2 ___ % ___ l/min Method ☐ Other:
GASTROINTESTINAL (WNL) = Abdomen soft, non-distended, non-tender with active bowel sounds in all four quadrants. No complaint of nausea. No vomiting, pain, diarrhea or constipation.	☐ WNL ☐ Masses ☐ Pain ABD: ☐ Distended ☐ Firm ☐ Sunken ☐ Guarding ☐ Vomiting ☑ Diarrhea ☐ Nausea ☐ Last BM: BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube-fed ☐ Intermittent ☐ Drainage ☐ G-tube/Button ☐ J-tube ☐ Clamped ☐ Tube-fed ☐ Drainage: Ostomy: Type ☐ Other:	☐ WNL ☐ Masses ☐ Pain ABD: ☐ Distended ☐ Firm ☐ Sunken ☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea ☐ Last BM: BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube-fed ☐ Intermittent ☐ Drainage ☐ G-tube/Button ☐ J-tube ☐ Clamped ☐ Tube-fed ☐ Drainage: Ostomy: Type ☐ Other:	☐ WNL ☐ Masses ☐ Pain ABD: ☐ Distended ☐ Firm ☐ Sunken ☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea ☐ Last BM: BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive ☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R ☐ Placement verified ☐ Clamped ☐ Tube-fed ☐ Intermittent ☐ Drainage ☐ G-tube/Button ☐ J-tube ☐ Clamped ☐ Tube-fed ☐ Drainage: Ostomy: Type ☐ Other:

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PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N.
(WNL) = WITHIN NORMAL LIMITS

	DAY	EVENING	NIGHT
	Time of Assessment: 0840 Signature/Title: [illegible]	Time of Assessment: _____ Signature/Title: _____	Time of Assessment: _____ Signature/Title: _____
GENITOURINARY/GYNECOLOGICAL (WNL) = Voiding without dysuria, frequency, or urgency. No bladder distention. No edema, redness, or discharge in GU area. No abnormal bleeding. Continency appropriate for age. Urine clear, yellow to amber with adequate output.	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency GU AREA: ☐ Edema ☐ Redness ☐ Discharge _____ ☐ Bruising ☐ Menses ☑ Other: Fluid filled pustules	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency GU AREA: ☐ Edema ☐ Redness ☐ Discharge _____ ☐ Bruising ☐ Menses ☐ Other: _____	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency GU AREA: ☐ Edema ☐ Redness ☐ Discharge _____ ☐ Bruising ☐ Menses ☐ Other: _____
INTEGUMENTARY (WNL) = Skin warm, dry and intact. Mucous membranes pink and moist. Elastic turgor. No evidence of rash, ecchymosis or lesions. Appropriate hair distribution for age.	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☑ Rash over entire body ☐ Diaper rash _____ ☐ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☐ Rash _____ ☐ Diaper rash _____ ☐ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☐ Rash _____ ☐ Diaper rash _____ ☐ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____
MUSCULOSKELETAL (WNL) = Full ROM of all joints. No muscle weakness. No evidence of inflammation, swelling or pain. Gait and ambulation appropriate for age.	☐ WNL ☑ Weakness generalized ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____	☐ WNL ☐ Weakness _____ ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____	☐ WNL ☐ Weakness _____ ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____
HEAD, EARS, NOSE, MOUTH AND THROAT (WNL) = No drainage or bleeding. No edema or lesions. No hearing or visual disturbances. Sclera white and clear. No pain. Does not wear glasses, contacts or hearing aids. Nares patent.	☐ WNL ☑ Drainage pustules ☐ Bleeding _____ ☑ Edema facial ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☑ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☐ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____	☐ WNL ☐ Drainage _____ ☐ Bleeding _____ ☐ Edema _____ ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☐ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____	☐ WNL ☐ Drainage _____ ☐ Bleeding _____ ☐ Edema _____ ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☐ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____
TUBES/DRAINS/IV'S (WNL) = Patent	☐ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type P.V Location Hand Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____	☐ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____	☐ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____

PATIENT IDENTIFICATION
Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 [redacted] dell,Sharon R.,M.D.

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Date: _____ P.O. Day: __

CHANGE IN PHYSICAL ASSESSMENT Y/N	TIME	INITIALS	VITAL SIGNS: Temp o/R/ax	P	R	NBP	MEAN	Art	MAP	CVP				Suction	Pulse Ox	I.S.	VENTILATION: FIO2	Mode	Vol / Rate	Pres / Peep	PIP / ETCO2	BLOOD GASES: pH	PCO2	PO2	HCO3 / BE	Glucose
	0822		36.8	120	20	114/63									100											579
	9																									
	10																									
	11																									
	12	CL	37.8	120	12	103/68																				
	13							*	beg albumin					100% RA													
	14								12:10 99/49																		
	15							*	end Albumin																		
	16	MH	37						1:3: 15 119/54																		
	17		AX											100% RA													
	18	MH	38.9																								
			N																								

GENERAL KEYS

- B - Bilateral
- R - Right
- L - Left
- Ø - Absent/None
- + - Present
- NA - Not applicable
- Δ - Change
- * - Further documentation required. (See Interdisciplinary Progress Notes).
- ✓ - Done
- Y - Yes
- N - No

CHANGE IN PHYSICAL ASSESSMENT

- Y - Yes (See N.N.)
- N - No

CARDIOVASCULAR

CAP REFILL

Indicate number of seconds

PULSES

- Ø - Absent
- 1+ - Weak, thready
- 2+ - Difficult to palpate, diminished
- 3+ - Normal
- 4+ - Bounding

SKIN

1 - Pink	W - Warm
2 - Pale	H - Hot
3 - Mottled	C - Cool
4 - Dusky	P - Peeling
5 - Circumoral cyanosis	S - Diaphoretic
6 - Cyanotic	B - Bruised
7 - Jaundiced	BL - Blistered
8 - Acrocyanosis	M - Moist
	D - Dry

EDEMA LOCATION

- SC - Scalp
- P - Periorbital
- T - Trunk
- UE - Upper extremities
- LE - Lower extremities
- G - Generalized

EDEMA SEVERITY

- 1+ - Mild
- 2+ - Moderate
- 3+ - Severe
- 4+ - Pitting

OXYGEN DELIVERY MODE

- H - Hood
- ETT - Endotracheal Tube
- Tr - Trach Collar
- NC - Nasal Cannula
- M - Mask
- NR - Non-Rebreather
- BB - Blow By
- Other _____

PAIN

PAIN ASSESSMENT SCALES

PAIN SCALE: F - Faces N - Numeric I - Infant

NEONATAL/INFANT PAIN SCALE (Children's Hospital of Eastern Ontario Pain Scale)

INDICATOR	BEHAVIOR	SCORE
Cry	No cry	1
	Moaning	2
	Crying	2
	Scream	3
Facial	Composed	1
	Grimace	2
	Smiling	0
Child Verbal	None	1
	Other Complaints	1
	Pain Complaints	2
	Both Complaints	2
	Positive	0
Torso	Neutral	1
	Shifting	2
	Tense	2
	Shivering	2
	Upright	2
	Restrained	2
Touch	Not Touching	1
	Reach	2
	Touch	2
	Grab	2
	Restrained	2
Legs	Neutral	1
	Squirming/Kicking	2
	Drawn Up/Tensed	2
	Standing	2
	Restrained	2

0 - NO PAIN ... 13 - WORST PAIN

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TIME	CARDIOVASCULAR Cap Refill	R/L Pulse UE	R/L Pulse LEDP	R/L Pulse LEPT	Skin	EDEMA Location	EDEMA Severity	PAIN Location	Pain Scale / Score	Intervention	Outcome *	Sedation Score	DETAILED NEUROLOGIC ASSESSMENT R/L Pupil Reactions	R/L Pupil Size	Tracks 5 Fields / Blink	Ant Fontanel	MOTOR STR R Upper / Lower	MOTOR STR L Upper / Lower	Verbal Response	Eye Opening	Best Motor Response	Coma Scale Total	Conscious-ness	Numbness/ Tingling
0540	<3	3/3	3/3	3/3	W[illegible]				F / 2	1-5	*						1 / 1	1 / 1	5	[illegible]	6	.	AL	
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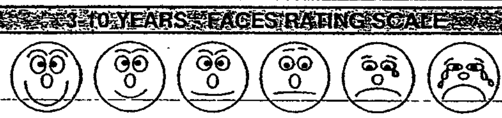
3-10 YEARS FACES RATING SCALE



0	1	2	3	4	5
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

10-18 YEARS NUMERIC SCALE 0-5

No Pain 0 — 1 — 2 — 3 — 4 — 5 Worst Pain

LOCATION

A	D
B	E
C	F

INTERVENTION

E - Epidural (*See MAR) P - PCA (*See MAR)
M - MAR (Oral, IM, IV, SQ- See MAR) *N - Nonpharmacologic Techniques
*Evaluation - must be documented in Interdisciplinary Progress Notes.

OUTCOME

*See Notes for Duration and Evaluation

SEDATION SCORES

1 - Wide Awake
2 - Drowsy (arouses to verbal/tactile stimuli)
3 - Dozing intermittently (arouses to vigorous stimuli)
4 - Awakens when aroused (responsive to painful stimuli)
5 - Unable to arouse (notify physician)

NEUROLOGICAL

OBSERVATION KEY

PUPIL REACTION

B - Brisk N - Non-Reactive
S - Sluggish Ø - Not Observed

PUPIL SIZE (mm)

1 3 5 7

ANT. FONTANEL

S - Soft F - Full
T - Tense FL - Flat
D - Depressed

MOTOR STRENGTH

2 - Normal T - Tremors
1 - Weak S - Spontaneous
0 - None

GLASGOW COMA SCORE

BEST VERBAL RESPONSE

> 5 YEARS

5 - Oriented and converses
4 - Disoriented and converses
3 - Inappropriate words
2 - Incomprehensible sounds
1 - No response

2-5 YEARS

5 - Appropriate words and phrases
4 - Inappropriate words
3 - Persistent cries and/or screams
2 - Grunts
1 - No response

0-23 MONTHS

5 - Smiles, coos appropriately
4 - Cries, consolable
3 - Persistent inappropriate crying and/or screaming
2 - Grunts / agitated / restless
1 - No response

EYE OPENING

4 - Spontaneous 2 - To pain
3 - To speech 1 - No response

BEST MOTOR RESPONSE

6 - < 1 yr. spontaneous; > 1 obeys
5 - Localizes Pain
4 - Flexion-withdrawal
3 - Flexion-abnormal (decorticate rigidity)
2 - Extension (decerebrate rigidity)
1 - No Response

GLASGOW COMA SCORE

*The scale scores responses from 3-15, with the lower numbers indicating a higher degree of neurologic deficit.

CONSCIOUSNESS

PA - Post Anesthesia
CS - Conscious Sedation
P - Paralyzing Agent
A - Analgesia S - Sedation
AL - Alert AR - Arousable
NR - No Response

NUMBNESS/TINGLING

+ - Present

PATIENT IDENTIFICATION

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H00707472988 MR#: H000826583 6/2/2002 -85- 84
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

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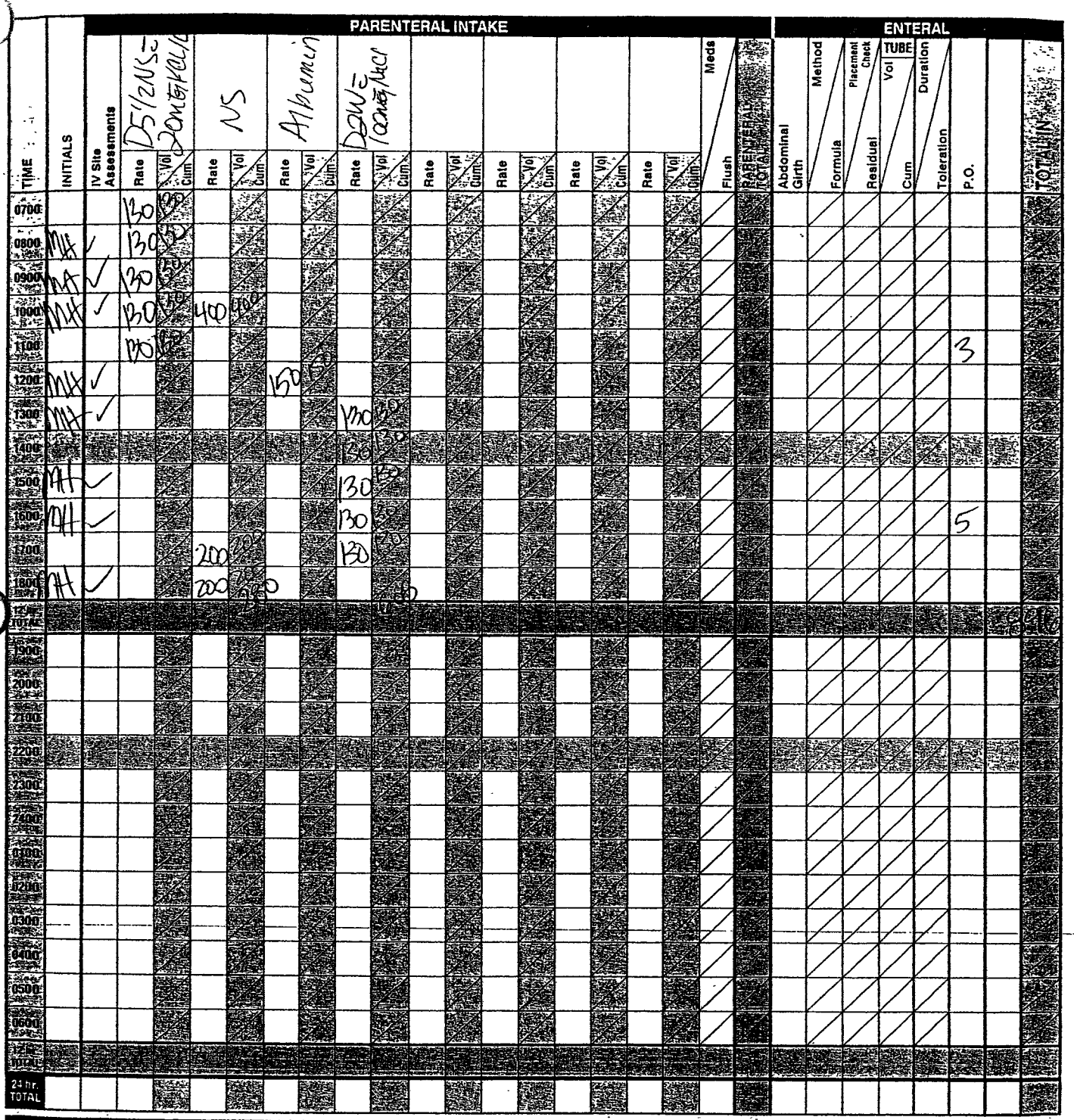

IV SITE ASSESSMENTS

- ✓ - All IV sites are patent without discoloration, irritation, edema or tenderness
- B - Blood return verified
- * - Further documentation required (See Interdisciplinary Notes)

ENTERAL

METHOD	FORMULA	PLACEMENT CHECK
A - Assisted Feed	F - Formula	V - Verified
N - Nipple	B - Breast Milk	**DURATION**
B - Breast	1.	Number of minutes
G - Gastrostomy	2.	**TOLERATION**
Ng - Naso-gastric		P - Poor
Og - Oral-gastric		F - Fair
S - Self Feed		G - Good

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[redacted]

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TIME	TOTAL IN / TOTAL OUT	URINE Vol / Cum	Ph / SG	Gluc / Bili	Blood / Protein	ULTRA-FILTRATION Quantity	ULTRA-FILTRATION TOTAL	GASTRIC Emesis / NG/OG Out	STOOL Quantity	Consistency / Type	Hemoccult / R/S	BLOOD Vol / Cum	TUBES/DRAINS Vol / Cum	Vol / Cum	Vol / Cum	Vol / Cum	Vol / Cum
0700																	
0800		200	1.005														
0900																	
1000		300	1.010														
1100																	
1200																	
1300																	
1400																	
1500		100															
1600		300	1.005														
1700																	
1800																	
8 hr TOTAL																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
8 hr TOTAL																	
24 hr TOTAL																	

OUTPUT

TUBES/DRAINS

Today's Weight: _____

Yesterday's Weight: _____

Admit Weight: 39 Kg

Birth Weight: _____

FOC: _____

PREVIOUS 24°

I: _____

O: _____

Balance: _____

Blood Out Total: _____

NUTRITION - METABOLIC PATTERN

BREAKFAST

Diet Clear

☐ NPO for _____

Food Taken Per: ☐ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None ☐ Refused

Tolerated diet w/o difficulty: ..... ☐ Yes ☐ No

Swallow w/o difficult: ..... ☐ Yes ☐ No

Calorie Count: ..... ☐ Yes ☐ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

LUNCH

Diet Clear

☐ NPO for _____

Food Taken Per: ☐ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None ☐ Refused

Tolerated diet w/o difficulty: ..... ☐ Yes ☐ No

Swallow w/o difficult: ..... ☐ Yes ☐ No

Calorie Count: ..... ☐ Yes ☐ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

DINNER

Diet Clear

☐ NPO for _____

Food Taken Per: ☐ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None ☐ Refused

Tolerated diet w/o difficulty: ..... ☐ Yes ☐ No

Swallow w/o difficult: ..... ☐ Yes ☐ No

Calorie Count: ..... ☐ Yes ☐ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

STOOLS

TYPE:
M - Meconium
Y - Yellow
G - Green
B - Brown
T - Transitional

CONSISTENCY:
F - Formed
L - Loose
W - Watery
S - Seedy
C - Constipated

QUANTITY
S - Small
M - Moderate
L - Large
C - Copious

INTAKE 8° 16° 24°

OUTPUT 8° 16° 24°

I & O BALANCE 8° 16° 24°

PATIENT

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

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TIME	INITIALS	ELM: Type	ELM: Circulation Check	ELM: ROM	ELM: Skin Care	PSYCHOSOCIAL: Position	PSYCHOSOCIAL: Activity	PSYCHOSOCIAL: Visitation	PSYCHOSOCIAL: Interaction	PSYCHOSOCIAL: Patient Coping	PSYCHOSOCIAL: Family Coping
1230	MH						R	M	FPC	W	
10	MH						R	M	FPC	W	
1245	MH						R	M	FPC	W	
13	MH						R	M	FPC	W	
1520	MH						R	M	FPC		

ESSENTIAL LINE MGT. (ELM)

TYPE

S - Soft N - No No's *O - Other _____

PSYCHOSOCIAL

POSITION

R - Right
L - Left
A - Abdomen
M - Head Midline
B - Back

INTERACTION

V - Visit
H - Held
C - Call
K - Kangaroo Care
FPC - Family involved in Plan of Care
PPC - Patient involved in Plan of Care

VISITATION

Ps - Both parents
M - Mother
F - Father
Ca - Parents called
Si - Siblings here
GP - Grandparents
FP - Foster parents
CM - Chaplain / minister
V - Volunteer
FR - Friends
NC - Nurse called parents
O - Other _____

ACTIVITY

BR - Bed rest
OFF - Off floor
S - Sleeping
Ch - Chair
Cy - Crying
I - Restless
W/C - Wheelchair
AA - Ambulate w/assistance
UAL - Up ad lib
T - Turn
TV - Television
BRP - Bathroom privileges
R - Resting
P - Playing
H - Held

COPING

W - Within normal limits: communication participation in care and interaction with environment appropriate for age, development, and stage of illness.
* - Further documentation required (See Interdisciplinary Notes)

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.

Form #091
(Rev. 2/01) P[redacted]

FUNCTIONAL INTERVENTIONS AND ASSESSMENTS

☐ PHYSICAL THERAPY RX TIME _____
☐ OCCUPATIONAL THERAPY RX TIME _____
☐ SPEECH THERAPY RX TIME _____
☐ AUDIOLOGY RX TIME _____
☐ OTHER

Therapeutic Exercises:

Functional Activity/Gait Training:

Therapeutic Feeding/Swallowing:

Language/Cognition:

Equipment Issued:

Patient/Family Education:

Other:

Assessment/Recommendations:

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CLINICAL SERVICES DAILY COLLABORATION:
- ☐ NUR = Nursing
- ☐ RT = Respiratory Care
- ☐ SW/CM = Social Worker / Case Manager
- ☐ PT = Physical Therapy
- ☐ OT = Occupational Therapy
- ☐ ST = Speech Therapy
- ☐ MNT = Medical Nutrition Therapy
- ☐ CNS = Clinical Nurse Specialist
- ☐ CLS = Child Life Specialist
- ☐ Other: _____

RE-PRIORITIZED PROBLEM / NEEDS / GOALS:
Date: _____ Time: _____
1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____
Signature / Title: MSMillerRN

DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
6/4/02 0840	NUR	D	AM assessment completed. See flow sheet. Pt. in bed, very restless. Pt. talking to people not present in room. Pt. disoriented to place & people. Pt has rash & fluid filled pustules that are breaking & leaking serous-like fluid. Pts entire body extremely sore to touch (upper body > lower body). Desquamation present on chest, back & face in some areas. Pt. tachycardic at times. the 130-140s. Pt. afebrile. IV fluids infusing via ① hand applying lacrilube to eyes bilaterally. Eyes crusted shut. POC discussed w mother. MSMillerRN
~~6/4/02~~	~~NUR~~		
6/4/02 1110	NUR	DI	Fentanyl administered per M.D. order for restless & discomfort. MSMillerRN
6/4/02 1200	NUR	DI	Pt. c/o burning during urination, specs gram. 1.010-1.015. Dr. Matson notified. MSMillerRN
6/4/02 1500	NUR	D	Pt. taking minimal amounts of po intake. Pt. uncomfortable & c/o discomfort &

ACTION CODES: D = Data I = Intervention E = Evaluation

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DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
	continued		crying out that her body hurts all over. MEZuellen
6/4/02 1520	NUR	DI	Fentanyl given per M.D. order. MEZuellen
6/4/02 1805	NUR	DI	Fentanyl administered. Foley catheter ~~admit~~ attempted by Kathy Watton, RN; however unsuccessful, Pt. extremely restless, thrashing arms + legs, unable to maintain a sterile procedure. Dr. Matson notified of this. MEZuellen
6/4/02 1810	NUR	D	Transport paperwork completed. Report called to nurse in ~~W~~ Parkland ER. Chart copied. waiting on transport. MEZuellen
6/4/02 2000	NUR	D	Transport/transfer service at bedside. 30mcg fentanyl given per IV for comfort during transfer. Report given to transport team. VSS. Mother updated, to transfer, & papers signed. SDsmith RN

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[redacted]

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SCIP

PEDIATRIC INTERDISCIPLINARY FLOW SHEET

DATE: 6-2-02

GENERAL CARE	ALARMS ON	7A-7P (HIGH / LOW)	7P-7A (HIGH / LOW)
Heart Monitor ☑ N/A	☐ Yes	/	120 / 40
Respiratory / Apnea ☑ N/A	☐ Yes	/	60 / 10
Arterial Line ☑ N/A	☐ Yes	/	/
Pulse Oximetry ☐ N/A	☐ Yes	/	100 / 90
		/	/
Pressure Line Zero Balanced ☑ N/A		☐ A-Line ☐ PA ☐ CVP ☐ Other	☐ A-Line ☐ PA ☐ CVP ☐ Other
Bed Type		SPECIFY adult	SPECIFY adult
Brakes Locked / Siderails Up		☑ Yes / ☑ Yes	☐ Yes / ☐ Yes
Call Light Within Reach		☑ Yes ☐ N/A	☐ Yes ☐ N/A
Special Bedding		☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other ____	☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other ____
ID Band / Allergy Band		☑ Yes / ☐ Yes ☑ N/A	☑ Yes / ☐ Yes ☑ N/A
Seizure Precautions ☐ N/A		☐ Yes	☐ Yes
Latex Allergy Alert ☑ N/A		☐ Yes	☐ Yes
Chemotherapy Precautions ☑ N/A		☐ Yes	☐ Yes
Isolation C = Contact D = Droplet A = Airborne		☑ C ☑ D ☑ A	☑ C ☑ D ☑ A
ETT / Trach Size ☑ N/A		☐ Cuffed ☐ Uncuffed ____	☐ Cuffed ☐ Uncuffed ____
ETT Taped ☑ N/A		☐ Lip ____ cm ☐ Nare ____ cm	☐ Lip ____ cm ☐ Nare ____ cm
Extra Trach / ET Tube @ BS ☑ N/A		☐ Yes	☐ Yes
Ambu Bag/Mask ☑ N/A		☐ Yes	☐ Yes
O2 / Suction @ BS		☑ Yes	☑ Yes
Wire Cutters @ BS ☑ N/A		☐ Yes	☐ Yes
Emergency Drug Sheet		☑ Yes	☑ Yes

GENERAL CARE	7A-7P	7P-7A
24 hr. Order Check	☐ Yes	☐ Yes
Bath / Linen (Time Done)	☐ Yes	☐ Yes
Oral Care (Time Done)		
Trach Care / Change (Time Done)		
G-Tube Care (Time Done)		
Foley Care (Time Done)		
Dressing Change Site ____ (Time Done)		
Dressing Change Site ____ (Time Done)		
Dressing Change Site ____ (Time Done)		
IV Start/Restart (Time Done)	Size ____ # used ____	Size ____ # used ____
IV Tubing Change (Time Done)		
IV Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		

DURABLE EQUIPMENT

☐ Thermic Unit	☐ Sequential Compression Device
☐ PCA / Epidural ____	☐ Trays (i.e., Lumbar, etc.) x ____
☑ Infusion (One) Channel Pump x 1	☐ Photo Therapy
☐ Infusion (Two) Channel Pump x ____	☐ Other ____
☐ Infusion (Four) Channel Pump x ____	☐ Other ____
☐ Thoracic Suction	☐ Other ____
☐ External Pacemaker	☐ Other ____
☐ Kangaroo Pump	☐ Other ____
☑ Syringe Pump x 1	☐ Other ____

ALL PERSONNEL UTILIZING INITIALS ON THIS FORM WILL SIGN AND INITIAL BELOW

INIT	PRINT	SIGNATURE	INIT	PRINT	SIGNATURE
	SANAFT H-mild	Sanaet PCA	K	Kris Kath	Kris Kath
			SD	Sally Derrick	Sally Derrick RN

North Texas Hospital for Children
at Medical City Dallas

PEDIATRIC INTERDISCIPLINARY FLOW SHEET

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PATIENT IDENTIFICATION

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H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

—91—90

PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N.
(WNL) = WITHIN NORMAL LIMITS

	DAY	EVENING	NIGHT
	Time of Assessment: _____ Signature/Title: _____	Time of Assessment: 2am Signature/Title: Sharon RN	Time of Assessment: _____ Signature/Title: _____

NEUROLOGICAL

(WNL) = Oriented appropriately for age. Alert and/or easily aroused. PERL appropriate for age. Active and full ROM to all extremities with symmetry of strength. Behavioral / Developmental stage appropriate for age. Responsive to verbal, tactile and painful stimuli. No deficit in hearing or sight. Head and face symmetrical. Fontanel soft and flat.

DAY

☐ WNL ☐ See detailed Neuro ☐ Agitated
☐ Sedated ☐ Paralyzed (chemically)
☐ Unresponsive to:
☐ Painful ☐ Tactile ☑ Verbal stimuli
☐ Post anesthesia ☐ Lethargic / drowsy
☐ Absent reflexes: ☐ Cough ☐ Gag
☐ Numbness: Location _____
☐ Tingling: Location _____
☐ Headache: Location _____
CRY: ☐ Lusty ☑ Weak ☐ High pitched ☐ No cry ☐ Hoarse
SUTURE: ☐ Over-riding ☐ Separated
FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed
SUCK: ☐ Absent ☐ Weak
☐ Other: _____

EVENING

☐ WNL ☐ See detailed Neuro ☐ Agitated
☐ Sedated ☐ Paralyzed (chemically)
☐ Unresponsive to:
☐ Painful ☐ Tactile ☐ Verbal stimuli
☐ Post anesthesia ☑ Lethargic / drowsy
☐ Absent reflexes: ☐ Cough ☐ Gag
☐ Numbness: Location _____
☐ Tingling: Location _____
☐ Headache: Location _____
CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse
SUTURE: ☐ Over-riding ☐ Separated
FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed
SUCK: ☐ Absent ☐ Weak
☐ Other: _____

NIGHT

☐ WNL ☐ See detailed Neuro ☐ Agitated
☐ Sedated ☐ Paralyzed (chemically)
☐ Unresponsive to:
☐ Painful ☐ Tactile ☐ Verbal stimuli
☐ Post anesthesia ☐ Lethargic / drowsy
☐ Absent reflexes: ☐ Cough ☐ Gag
☐ Numbness: Location _____
☐ Tingling: Location _____
☐ Headache: Location _____
CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse
SUTURE: ☐ Over-riding ☐ Separated
FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed
SUCK: ☐ Absent ☐ Weak
☐ Other: _____

CARDIOVASCULAR

(WNL) = Apical pulse regular and rate appropriate for age. Peripheral pulses present and equal bilaterally. No edema or cyanosis noted. Capillary refill less than 3 seconds. Blood pressure appropriate for age.

DAY

☐ WNL ☐ Murmur
☐ Abnormal peripheral pulses
☐ Capillary refill _____ seconds
☐ Edema: Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Arrhythmia _____
☐ Temp. pacing wires intact and dry
☐ Pacemaker ☐ Rate _____
☐ Sensitivity _____
☐ Battery checked
☐ Other: _____

EVENING

☐ WNL ☐ Murmur
☐ Abnormal peripheral pulses
☐ Capillary refill _____ seconds
☑ Edema: Location facial
☐ 1+ ☑ 2+ ☐ 3+ ☐ 4+
Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Arrhythmia _____
☐ Temp. pacing wires intact and dry
☐ Pacemaker ☐ Rate _____
☐ Sensitivity _____
☐ Battery checked
☑ Other: Ca monitors

NIGHT

☐ WNL ☐ Murmur
☐ Abnormal peripheral pulses
☐ Capillary refill _____ seconds
☐ Edema: Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Arrhythmia _____
☐ Temp. pacing wires intact and dry
☐ Pacemaker ☐ Rate _____
☐ Sensitivity _____
☐ Battery checked
☐ Other: _____

RESPIRATORY

(WNL) = Respirations unlabored and symmetrical; regular rhythm and depth; rate within normal limits for age. Breath sounds clear and equal bilaterally.

DAY

☐ WNL ☐ Dyspneic ☐ Tachypneic
☐ Apnea ☐ Irregular
BREATH SOUNDS: ☐ Coarse ☐ Crackles
☐ Diminished ☑ Wheezing _____
☐ Stridor ☐ Nasal flaring
☐ Grunting ☐ Periodic breathing
RETRACTIONS: ☐ Subcostal ☐ Intercostal
☐ Substernal ☐ Suprasternal ☐ Subclavian
COUGH: ☐ Non-productive ☐ Productive
SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick
☐ Thin ☐ Color _____
☐ O2 _____ % _____ l/min Method _____
☐ Other: _____

EVENING

☐ WNL ☐ Dyspneic ☑ Tachypneic
☐ Apnea ☐ Irregular
BREATH SOUNDS: ☐ Coarse ☐ Crackles
☐ Diminished ☐ Wheezing _____
☐ Stridor ☐ Nasal flaring
☐ Grunting ☐ Periodic breathing
RETRACTIONS: ☐ Subcostal ☐ Intercostal
☐ Substernal ☐ Suprasternal ☐ Subclavian
COUGH: ☐ Non-productive ☐ Productive
SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick
☐ Thin ☐ Color _____
☐ O2 _____ % _____ l/min Method _____
☐ Other: _____

NIGHT

☐ WNL ☐ Dyspneic ☐ Tachypneic
☐ Apnea ☐ Irregular
BREATH SOUNDS: ☐ Coarse ☐ Crackles
☐ Diminished ☐ Wheezing _____
☐ Stridor ☐ Nasal flaring
☐ Grunting ☐ Periodic breathing
RETRACTIONS: ☐ Subcostal ☐ Intercostal
☐ Substernal ☐ Suprasternal ☐ Subclavian
COUGH: ☐ Non-productive ☐ Productive
SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick
☐ Thin ☐ Color _____
☐ O2 _____ % _____ l/min Method _____
☐ Other: _____

GASTROINTESTINAL

(WNL) = Abdomen soft, non-distended, non-tender with active bowel sounds in all four quadrants. No complaint of nausea. No vomiting, pain, diarrhea or constipation.

DAY

☐ WNL ☐ Masses ☐ Pain
ABD: ☐ Distended ☐ Firm ☐ Sunken
☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea
☐ Last BM: _____
BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive
☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R
☐ Placement verified ☐ Clamped ☐ Tube-fed
☐ Intermittent ☐ Drainage _____
☐ G-tube/Button ☐ J-tube ☐ Clamped
☐ Tube-fed
☐ Drainage: _____
Ostomy: Type _____
☐ Other: _____

EVENING

☐ WNL ☐ Masses ☐ Pain
ABD: ☐ Distended ☐ Firm ☐ Sunken
☐ Guarding ☑ Vomiting ☐ Diarrhea ☑ Nausea
☐ Last BM: _____
BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive
☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R
☐ Placement verified ☐ Clamped ☐ Tube-fed
☐ Intermittent ☐ Drainage _____
☐ G-tube/Button ☐ J-tube ☐ Clamped
☐ Tube-fed
☐ Drainage: _____
Ostomy: Type _____
☐ Other: _____

NIGHT

☐ WNL ☐ Masses ☐ Pain
ABD: ☐ Distended ☐ Firm ☐ Sunken
☐ Guarding ☐ Vomiting ☐ Diarrhea ☐ Nausea
☐ Last BM: _____
BOWEL SOUNDS: ☐ Absent ☐ Hypoactive ☐ Hyperactive
☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R
☐ Placement verified ☐ Clamped ☐ Tube-fed
☐ Intermittent ☐ Drainage _____
☐ G-tube/Button ☐ J-tube ☐ Clamped
☐ Tube-fed
☐ Drainage: _____
Ostomy: Type _____
☐ Other: _____

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[redacted]

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PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N.
(WNL) = WITHIN NORMAL LIMITS

	DAY	EVENING	NIGHT
	Time of Assessment: _____ Signature/Title: _____	Time of Assessment: 2000 Signature/Title: SDonnie RN	Time of Assessment: _____ Signature/Title: _____
GENITOURINARY / GYNECOLOGICAL (WNL) = Voiding without dysuria, frequency, or urgency. No bladder distention. No edema, redness, or discharge in GU area. No abnormal bleeding. Continency appropriate for age. Urine clear, yellow to amber with adequate output.	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☑ Urgency GU AREA: ☐ Edema ☐ Redness ☐ Discharge _____ ☐ Bruising ☐ Menses ☐ Other: _____	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency GU AREA: ☐ Edema ☑ Redness 3 rash ☐ Discharge _____ ☐ Bruising ☐ Menses ☐ Other: _____	☐ WNL ☐ Bladder distended ☐ Incontinent ☐ Catheter ☐ Cloudy ☐ Sediment ☐ Color: _____ ☐ Hematuria ☐ Dysuria ☐ Frequency ☐ Urgency GU AREA: ☐ Edema ☐ Redness ☐ Discharge _____ ☐ Bruising ☐ Menses ☐ Other: _____
INTEGUMENTARY (WNL) = Skin warm, dry and intact. Mucous membranes pink and moist. Elastic turgor. No evidence of rash, ecchymosis or lesions. Appropriate hair distribution for age.	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☐ Rash _____ ☐ Diaper rash _____ ☐ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☑ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☑ Rash entire body red dots ☐ Diaper rash _____ ☑ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____	☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling ☐ Ecchymosis ☐ Poor turgor ☐ Mottled CYANOSIS: ☐ Central ☐ Circumoral ☐ Acrocyanosis ☐ Rash _____ ☐ Diaper rash _____ ☐ Lesions _____ ☐ Alopecia ☐ Petechiae ☐ Puncture sites from IV starts/lab draws ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy Condition at site: _____ Incision: Location _____ ☐ Other: _____
MUSCULOSKELETAL (WNL) = Full ROM of all joints. No muscle weakness. No evidence of inflammation, swelling or pain. Gait and ambulation appropriate for age.	☐ WNL ☐ Weakness _____ ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____	☐ WNL ☑ Weakness _____ ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____	☐ WNL ☐ Weakness _____ ☐ Fracture _____ ☐ Traction _____ ☐ Distraction Device _____ ☐ Cast _____ ☐ Assistive Devices _____ ☐ Edema _____ ☐ Other: _____
HEAD, EARS, NOSE, MOUTH AND THROAT (WNL) = No drainage or bleeding. No edema or lesions. No hearing or visual disturbances. Sclera white and clear. No pain. Does not wear glasses, contacts or hearing aids. Nares patent.	☐ WNL ☐ Drainage _____ ☐ Bleeding _____ ☐ Edema _____ ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☐ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____	☐ WNL ☐ Drainage _____ ☐ Bleeding _____ ☑ Edema eyes 3 mouth ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☑ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____	☐ WNL ☐ Drainage _____ ☐ Bleeding _____ ☐ Edema _____ ☐ Cleft lip ☐ Cleft palate ☐ Palate device ☐ Oral lesions _____ ☐ Mucositis ☐ Thrush ☐ Wired/banded jaw **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid **Vision:** ☐ Impaired ☐ Glasses ☐ Contact Lenses ☐ Other: _____
TUBES / DRAINS / IVS (WNL) = Patent	☐ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____	☑ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type PIV Location (R) hand Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____	☐ WNL #1 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates #2 Location: _____ ☐ Gravity/Water seal ☐ Suction _____ cm ☐ Drainage _____ ☐ Fluctuates IV SITES: Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ Type _____ Location _____ TUBES/DRAINS: Type _____ Location _____ Type _____ Location _____

PATIENT IDENTIFICATION
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[redacted]

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Form #0912130 Dept. 640, 645

Date: 6/2/02 P.O. Day: _____

CHANGE IN PHYSICAL ASSESSMENT Y/N	TIME	INITIALS	VITAL SIGNS: Temp o/R/ax	P	R	NBP	MEAN	Art	MAP	CVP				Suction	Pulse Ox	I.S.	VENTILATION: FiO2 / Mode	Vol / Rate	Pres / Peep	PIP / ETCO2	BLOOD GASES: pH	PCO2	PO2	HCO3 / BE	Glucose
K	8	S'11	40o	150	24	117/82																			
N	9	K	39°																						
N	10																								
N	11																								
N	12	S-H	405	148	24	134/75																			
N	13	K	39'																						
N	14																								
N	15																								
N	16	S-H	404	142	9.6	116/76																			
N	17		378																						
N	18																								
	19																								
	20	SD	399	135	23	112/65								99			RA								
	21																								
	22																								
	23																								
	24	SD	396	156	33	118/62								100											
	D1																								
	02	SD	386											100											
	03																								
	04	SD	394	155	24	113/57								99			RA								
	05	SD	386																						
	06																								
	07																								

GENERAL KEYS

- B - Bilateral
- R - Right
- L - Left
- Ø - Absent/None
- \+ - Present
- NA - Not applicable
- Δ - Change
- ★ - Further documentation required. (See Interdisciplinary Progress Notes).
- ✔ - Done
- Y - Yes
- N - No

CHANGE IN PHYSICAL ASSESSMENT

- Y - Yes (See N.N.)
- N - No

CARDIOVASCULAR

CAP REFILL: Indicate number of seconds

PULSES:
- Ø - Absent
- 1+ - Weak, thready
- 2+ - Difficult to palpate, diminished
- 3+ - Normal
- 4+ - Bounding

SKIN:

1 - Pink	W - Warm
2 - Pale	H - Hot
3 - Mottled	C - Cool
4 - Dusky	P - Peeling
5 - Circumoral cyanosis	S - Diaphoretic
	B - Bruised
6 - Cyanotic	BL - Blistered
7 - Jaundiced	M - Moist
8 - Acrocyanosis	D - Dry

EDEMA LOCATION:
- SC - Scalp
- P - Periorbital
- T - Trunk
- UE - Upper extremities
- LE - Lower extremities
- G - Generalized

EDEMA SEVERITY:
- 1+ - Mild
- 2+ - Moderate
- 3+ - Severe
- 4+ - Pitting

OXYGEN DELIVERY MODE:
- H - Hood
- ETT - Endotracheal Tube
- Tr - Trach Collar
- NC - Nasal Cannula
- M - Mask
- NR - Non-Rebreather
- BB - Blow By
- Other _____

PAIN

PAIN ASSESSMENT SCALES

PAIN SCALE: F - Faces N - Numeric I - Infant

MEASUREMENT TOOL: CHEOPS (Children's Hospital of Eastern Ontario Pain Scale)

INDICATOR	BEHAVIOR	SCORE
Cry	No cry	1
	Moaning	2
	Crying	2
	Scream	3
Facial	Composed	1
	Grimace	2
	Smiling	0
Child Verbal	None	1
	Other Complaints	1
	Pain Complaints	2
	Both Complaints	2
	Positive	0
Torso	Neutral	1
	Shifting	2
	Tense	2
	Shivering	2
	Upright	2
	Restrained	2
Touch	Not Touching	1
	Reach	2
	Touch	2
	Grab	2
	Restrained	2
Legs	Neutral	1
	Squirming/Kicking	2
	Drawn Up/Tensed	2
	Standing	2
	Restrained	2

4 = NO PAIN 13 = WORST PAIN

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

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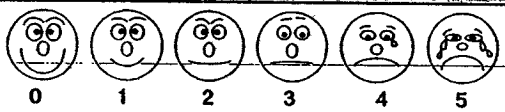
TIME	CARDIOVASCULAR: Cap Refill	Pulse UE R/L	Pulse LEDP R/L	Pulse LEPT R/L	Skin	EDEMA: Location	EDEMA: Severity	PAIN: Location	Pain Scale / Score	Intervention	Outcome *	Sedation Score	DETAILED NEUROLOGIC ASSESSMENT: Pupil Reactions R/L	Pupil Size R/L	Tracks & Fields / Blink	Ant Fontanel	MOTOR STR. R Upper	MOTOR STR. R Lower	MOTOR STR. L Upper	MOTOR STR. L Lower	Verbal Response	Eye Opening	Best Motor Response	Coma Scale Total	Consciousness	Numbness/ Tingling
0645	<3	3/3	3/3		WD	0		A	N 2	M	*	1	D/D	3/3	Y/Y	WA	1	1	1	1	5	4	6	15	AL	
12								A	N 3	M	*															
110								A	N 1	O	*															
20	<3	3/3		3/3	WD				N 2	M	*		3/3	V/V		1	1	1	1	5	3	5	13	AR		
00									N 4	M	*															
04									N 4	M	*															

3-10 YEARS: FACES RATING SCALE



0 No Hurt | 1 Hurts Little Bit | 2 Hurts Little More | 3 Hurts Even More | 4 Hurts Whole Lot | 5 Hurts Worst

10-18 YEARS: NUMERIC SCALE 0-5

No Pain 0 1 2 3 4 5 Worst Pain

LOCATION

A mouth, lips	D
B	E
C	F

INTERVENTION

E - Epidural (*See MAR) P - PCA (*See MAR)
M - MAR (Oral, IM, IV, SQ- See MAR) *N - Nonpharmacologic Techniques
*Evaluation - must be documented in Interdisciplinary Progress Notes.

OUTCOME

*See Notes for Duration and Evaluation

SEDATION SCORES

1 - Wide Awake
2 - Drowsy (arouses to verbal/tactile stimuli)
3 - Dozing intermittently (arouses to vigorous stimuli)
4 - Awakens when aroused (responsive to painful stimuli)
5 - Unable to arouse (notify physician)

NEUROLOGICAL

PUPIL REACTION
B - Brisk N - Non-Reactive
S - Sluggish Ø - Not Observed

PUPIC SIZE (mm)
1 3 5 7

ANT. FONTANEL
S - Soft F - Full
T - Tense FL - Flat
D - Depressed

MOTOR STRENGTH
2 - Normal T - Tremors
1 - Weak S - Spontaneous
0 - None

BEST VERBAL RESPONSE

> 5 YEARS
5 - Oriented and converses
4 - Disoriented and converses
3 - Inappropriate words
2 - Incomprehensible sounds
1 - No response

2-5 YEARS
5 - Appropriate words and phrases
4 - Inappropriate words
3 - Persistent cries and/or screams
2 - Grunts
1 - No response

0-23 MONTHS
5 - Smiles, coos appropriately
4 - Cries, consolable
3 - Persistent inappropriate crying and/or screaming
2 - Grunts / agitated / restless
1 - No response

EYE OPENING
4 - Spontaneous 2 - To pain
3 - To speech 1 - No response

BEST MOTOR RESPONSE
6 - < 1 yr. spontaneous; > 1 obeys
5 - Localizes Pain
4 - Flexion-withdrawal
3 - Flexion-abnormal (decorticate rigidity)
2 - Extension (decerebrate rigidity)
1 - No Response

GLASGOW COMA SCORE
*The scale scores responses from 3-15, with the lower numbers indicating a higher degree of neurologic deficit.

CONSCIOUSNESS
PA - Post Anesthesia
CS - Conscious Sedation
P - Paralyzing Agent
A - Analgesia S - Sedation
AL - Alert AR - Arousable
NR - No Response

NUMBNESS/TINGLING
+ - Present

PATIENT IDENTIFICATION

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TIME	INITIALS	PARENTERAL INTAKE: IV Site Assessments	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Rate	Vol / Cum	Meds / Flush	PARENTERAL TOTALS	ENTERAL: Abdominal Girth	Method / Formula	Placement Check / Residual	TUBE Vol / Cum	Duration / Toleration	P.O.		TOTALS
			NS		D5½NS 20 KCl		NS																					
0700	K	✓	-																									
0800					100																							
0900					100																							
1000					100																							
1100					100																							
1200					100																							
1300					448		400																					
1400					—		400																					
1500					100																							
1600					100																							
1700					100																							
1800					100																							
12H TOTAL					948		800																					
1900	SD	✓			100																							
2000					100																							
2100					100																							
2200	SD	✓			100																							
2300					100																							
2400					100																							
0100					100																							
0200					100																							
0300					100																							
0400					100																							
0500					100																							
0600					100																							
12H TOTAL					1000																							
24 H. TOTAL																												

IV SITE ASSESSMENTS

- ✓ - All IV sites are patent without discoloration, irritation, edema or tenderness
- B - Blood return verified
- * - Further documentation required (See Interdisciplinary Notes)

ENTERAL

METHOD	FORMULA	PLACEMENT CHECK
A - Assisted Feed N - Nipple B - Breast G - Gastrostomy Ng - Naso-gastric Og - Oral-gastric S - Self Feed	F - Formula B - Breast Milk 1. _____ 2. _____	V - Verified **DURATION** Number of minutes **TOLERATION** P - Poor F - Fair G - Good

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OUTPUT

TIME	TOTAL OUT	URINE Vol Cum	URINE Ph SG	URINE Gluc Bill	URINE Blood Protein	ULTRA-FILTRATION Quantity	ULTRA-FILTRATION TOTAL	GASTRIC Emesis OG/NG Out	STOOL Quantity	STOOL Consistency Type	STOOL Hemoccult R/S	BLOOD Vol Cum	TUBES/DRAINS Vol Cum	TUBES/DRAINS Vol Cum	TUBES/DRAINS Vol Cum	TUBES/DRAINS Vol Cum	TUBES/DRAINS Vol Cum	TIME
0700																		1000
0800								100										1100
0900		360																1200
1000								50										1300
1100		310																1400
1200																		1500
1300		150	1.005					110										1600
1400		350	1.010															1700
1500																		1800
1600		150	1.036					60										1900
1700																		2000
1800		350	1.015															2100
1900																		2200
2000		300	1.015					50										2300
2100																		2400
2200																		0100
2300																		0200
2400		✓																0300
0100		✓																0400
0200									✓									0500
0300																		0600
0400																		0700
0500									✓									0800
0600		900	1.020															0900
7A-7P TOTAL																		7A-7P TOTAL
24 hr. TOTAL																		24 hr. TOTAL

STOOL

TYPE:
M - Meconium
Y - Yellow
G - Green
B - Brown
T - Transitional

CONSISTENCY:
F - Formed
L - Loose
W - Watery
S - Seedy
C - Constipated

QUANTITY
S - Small
M - Moderate
L - Large
C - Copious

	8°	16°	24°
INTAKE			2400
OUTPUT			2400
I & O BALANCE	8°	16°	24°

Today's Weight: _____

Yesterday's Weight: _____

Admit Weight: _____

Birth Weight: _____

FOC: _____

PREVIOUS 24°

I: _____

O: _____

Balance: _____

Blood Out Total: _____

NUTRITION/METABOLIC PATTERN

BREAKFAST

Diet Clear

☐ NPO for _____

Food Taken Per: ☑ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☑ 1/4 ☐ None ☐ Refused

Tolerated diet w/o difficulty: ..... ☑ Yes ☐ No

Swallow w/o difficult: ..... ☑ Yes ☐ No

Calorie Count: ..... ☐ Yes ☑ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

LUNCH

Diet Clear

☐ NPO for _____

Food Taken Per: ☐ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None ☑ Refused

Tolerated diet w/o difficulty: ..... ☐ Yes ☐ No

Swallow w/o difficult: ..... ☐ Yes ☐ No

Calorie Count: ..... ☐ Yes ☐ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

DINNER

Diet Clear

☐ NPO for _____

Food Taken Per: ☐ Self ☐ Assist ☐ Fed

☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None ☑ Refused

Tolerated diet w/o difficulty: ..... ☐ Yes ☐ No

Swallow w/o difficult: ..... ☐ Yes ☐ No

Calorie Count: ..... ☐ Yes ☐ No

Snack: ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

Supplement ☐ All ☐ 3/4 ☐ 1/2 ☐ 1/4 ☐ None

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
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[redacted]

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TIME	INITIALS	ELM: Type	ELM: Circulation Check	ELM: ROM	ELM: Skin Care	PSYCHOSOCIAL: Position	PSYCHOSOCIAL: Activity	PSYCHOSOCIAL: Visitation	PSYCHOSOCIAL: Interaction	PSYCHOSOCIAL: Patient Coping	PSYCHOSOCIAL: Family Coping
8	K					B	B	3	FPC	E	E
10	K					B	S	3	V	E	E
12	K					L	S	3	V	E	E
14	K					L	S	3	V	E	E
16	K					L	S	3	V	E	E
18	K					B	S	3	V	E	E
20	K					B	S	3	V	E	E
00	SD						S	M	FPC		
04	SD						S	M	FPC		

ESSENTIAL LINE MGT. (ELM)

TYPE

S - Soft N - No No's * O - Other _____

PSYCHOSOCIAL

POSITION

R - Right
L - Left
A - Abdomen
M - Head Midline
B - Back

INTERACTION

V - Visit
H - Held
C - Call
K - Kangaroo Care
FPC - Family involved in Plan of Care
PPC - Patient involved in Plan of Care

VISITATION

Ps - Both parents
M - Mother
F - Father
Ca - Parents called
Si - Siblings here
GP - Grandparents
FP - Foster parents
CM - Chaplain / minister
V - Volunteer
FR - Friends
NC - Nurse called parents
O - Other _____

ACTIVITY

BR - Bed rest
OFF - Off floor
S - Sleeping
Ch - Chair
Cy - Crying
I - Restless
W/C - Wheelchair
AA - Ambulate w/assistance
UAL - Up ad lib
T - Turn
TV - Television
BRP - Bathroom privileges
R - Resting
P - Playing
H - Held

COPING

W - Within normal limits: communication participation in care and interaction with environment appropriate for age, development, and stage of illness.
* - Further documentation required (See Interdisciplinary Notes)

FUNCTIONAL INTE NTIONS AND ASSESSMENTS

☐ PHYSICAL THERAPY RX TIME _____ ☐ OCCUPATIONAL THERAPY RX TIME _____ ☐ SPEECH THERAPY RX TIME _____

☐ AUDIOLOGY RX TIME _____ ☐ OTHER

Therapeutic Exercises:

Functional Activity/Gait Training:

Therapeutic Feeding/Swallowing:

Language/Cognition:

Equipment Issued:

Patient/Family Education:

Other:

Assessment/Recommendations:

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CLINICAL SERVICES DAILY COLLABORATION:

- ☑ NUR = Nursing
- ☐ RT = Respiratory Care
- ☐ SW/CM = Social Worker / Case Manager
- ☐ PT = Physical Therapy
- ☐ OT = Occupational Therapy
- ☐ ST = Speech Therapy
- ☐ MNT = Medical Nutrition Therapy
- ☐ CNS = Clinical Nurse Specialist
- ☐ CLS = Child Life Specialist
- ☐ Other:

RE-PRIORITIZED PROBLEM / NEEDS / GOALS:

Date: 6202 Time: 0649

1. fever
2. pain
3. Know Def
4. Psy - SO
5. D/C plan
6.
7.
8.
9.
10.

Signature / Title: Kris Kaller LN

DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
6202 0045	Nur	D	pt admitted to floor from ER, mom+pt oriented to floor & room, Pa. discussed, assessment completed on flow sheet, motrin given for fever, tol well, PIV to top of (L) hand infusing s̄ diff (no) redness or swelling @ site, sm pustules on face & upper torso noted, pt c/o itching, denies pain @ this time — KKaller LN
0830	Nur	I 12	pt vomitting mod amt, red tinged emesis, c/o sore throat + headache, IV out during episode pressure applied bandaid on, more pustules noted on face + arms, orders received benadryl given @0900, fever remains ice chips given, face washed eyes becoming puffy c̄ yellowish drainage noted, mom @ bedside — KKaller LN
0930	Nur	I'	PIV restarted top of (R) hand on first attempt c̄ 22g IVF infusing @ this time, pt sleeping quietly, (no) s/s pain or distress noted — KKaller LN

ACTION CODES: D = Data I = Intervention E = Evaluation

PATIENT IDENTIFICATION

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WILLIAMS, LABREA
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[redacted]

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DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
1230	Nurs	I'	Dr notified on orders received, Tylenol given for fever, tol well, Pv infusing ~ diff, pulses appearing over entire body, pt repositioned self for comfort denies pain, resp even & unlabored mon @ bedside — Kris Kallus
1330	Nurs	I	pt vomiting c/o headache & sore throat resp even & unlabored, eyes red & swollen washed & cool cloth, Clothes A-d, IVF infusing, NS bolus given as ordered tol well, urine dipped for spec grav results called to Dr notified — K Kallus
1630	Nurs	I'	tylenol given for fever, eyes swollen shut, lips & tongue swollen, face washed & cool cloth, resp even & unlabored resp & HR WNL, pt denies difficulty breathing, Poc discussed & mon — K Kallus
1700	Nurs	D	Dr notified in room, conditions discussed & mon & pt, spec for cultures obtained & sent to lab, pt tol well, ~~severe swelling~~ to eyes & lips noted, face washed & cool cloth VSS resp distress noted K Kallus
1930	Nurs	D	detailed report given to oncoming nurse, Pv infusing ~ diff, VSS resp distress noted mon @ bedside — K Kallus

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[redacted]

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CLINICAL SERVICES DAILY COLLABORATION:

- ☐ **NUR** = Nursing
- ☐ **RT** = Respiratory Care
- ☐ **SW/CM** = Social Worker / Case Manager
- ☐ **PT** = Physical Therapy
- ☐ **OT** = Occupational Therapy
- ☐ **ST** = Speech Therapy
- ☐ **MNT** = Medical Nutrition Therapy
- ☐ **CPR** = Cardiac / Pulmonary Rehab
- ☐ **Other:** _____

RE-PRIORITIZED PROBLEM / NEEDS / GOALS:

Date: _____ **Time:** _____

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Signature / Title: _____

DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS

ACTION CODES:

D = Data I = Intervention E = Evaluation

INTERDISCIPLINARY PROGRESS NOTES

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Form # 100720 (Rev. 9/00)

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DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS

Form # 100720 (Rev. 9/00)

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DO[redacted]/20/94 7/F Sandell,Sharon R.,M.D. 102101

CLINICAL SERVICES DAILY COLLABORATION:
- ☐ NUR = Nursing
- ☐ RT = Respiratory Care
- ☐ SW/CM = Social Worker / Case Manager
- ☐ PT = Physical Therapy
- ☐ OT = Occupational Therapy
- ☐ ST = Speech Therapy
- ☐ MNT = Medical Nutrition Therapy
- ☐ CPR = Cardiac / Pulmonary Rehab
- ☐ Other: _____

RE-PRIORITIZED PROBLEM / NEEDS / GOALS:
Date: _____ Time: _____

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Signature / Title: _____

DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
continued			informed Pt. that they are not present Pt. acknowledged. Dr. Jeffrey in to see Pt. attempted to open eyes to examine however Skin torn above Ⓡeye. Lacritube gtts applied to eyes bilaterally awaiting polysporin gtts from pharmacy. POC discussed c mother. ME. Miller
6/3/02 2000	NUR	D	Report received & assessment completed. Urine SG 1.015. Eyes completely swollen shut polysporin to Ⓡeye lesion. Lacritube applied to Ⓑeyes. Large hanging pustules from neck L3. Many lesions open. Bed saturated c yellow drainage. Pt. disoriented x3 times, but converses appropriately when prompted. IV ⓇAC @130cc. Temp 38' will given advil on next intervention. Mother @bedside & updated to POC — SDevitt RN
2130	NUR	D	Dermatologist in room, assisted c Ⓡthigh
		I	biopsy & Sutured. Tylenol given for temp/ comfort & benadryl for itching. Dr. Rhee

ACTION CODES:
D = Data I = Intervention E = Evaluation

INTERDISCIPLINARY PROGRESS NOTES

PATIENT IDENTIFICATION

Medical City Dallas Hospital
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H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell,Sharon R.,M.D.
[redacted]

Form # 100720 (Rev. 9/00)

-103102

DATE & TIME	DISCIPLINE	ACTION	SIGNIFICANT FINDINGS
			notified of dermatologist on floor — SDemil Rn
6/3/02	NUR	I	New orders noted from dermatologist
2300			from emor D/C & mother updated to POC. Solumedrol
			given as ordered. Encouraged family at
			bedside to dim lights & to stay quiet to
6/4/02			encourage rest — SDemil Rn
0330	NUR	E,I	IV (R) AC infiltrated, swollen c good peep. pulses
			& cap. refill. Restarted in (L) hand x1 attempt.
			flushes well, IVF restarted at 130cc°. Gave
			Benadryl IV & tylenol PO for comfort. Eyes/mouth
			cleaned & lacilube reapplied. Pt. up ~~to~~ped
			voided in toilet c small yellow loose stool.
			Pt. denies discomfort yet c/o itching — SDemil Rn
0500	NUR	T	Pt. given advil for c/o mouth pain. IV
			restarted. Large round area of skin
			now sloughed off of upper back — SDemil Rn
0600	NUR	D	Entered room to give IV med, pt. appeared to
			be sleeping however suddenly jumped out of bed
			& began to scream & cry stating "police didn't want
			her to drive car." Pt. attempted to jump out of bed.
			Calmed pt. after 10 min. Encouraged aunt &
			grandmother to be calm (1) pt. appears to be in
			pain as well as hallucinating (2) fever is ↓ c advil/
			tylenol (3) family remains at bedside & updated
			to POC (4) pt. mental status remains altered
			& has outburst (5) D/C planning continues
			— Sally Demil Rn

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PEDIATRIC INTERDISCIPLINARY FLOW SHEET

DATE: 6-3-02

GENERAL CARE	ALARMS ON	7A - 7P	7P - 7A
Heart Monitor	☒ N/A ☐ Yes	HIGH / LOW	HIGH / LOW
Respiratory / Apnea	☒ N/A ☐ Yes	HIGH / LOW	HIGH / LOW
Arterial Line	☒ N/A ☐ Yes	HIGH / LOW	HIGH / LOW
Pulse Oximetry	☐ N/A ☒ Yes	HIGH 100 / LOW 90	HIGH 100 / LOW 90
		HIGH / LOW	HIGH / LOW
Pressure Line Zero Balanced	☒ N/A	☐ A-Line ☐ PA ☐ CVP ☐ Other	☐ A-Line ☐ PA ☐ CVP ☐ Other
Bed Type		SPECIFY Adult	SPECIFY Adult
Brakes Locked / Siderails Up		☒ Yes ☒ Yes	☑ Yes ☐ Yes
Call Light Within Reach		☒ Yes ☐ N/A	☑ Yes ☐ N/A
Special Bedding		☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other	☐ Eggcrate ☐ Sheep Skin ☐ Water Bed Other
ID Band / Allergy Band		☒ Yes / ☐ Yes ☒ N/A	☑ Yes / ☐ Yes ☑ N/A
Seizure Precautions	☒ N/A	☐ Yes	☐ Yes
Latex Allergy Alert	☒ N/A	☐ Yes	☐ Yes
Chemotherapy Precautions	☒ N/A	☐ Yes	☐ Yes
Isolation C = Contact D = Droplet A = Airborne		☒ C ☒ D ☒ A	☑ C ☐ D ☐ A
ETT / Trach Size	☒ N/A	☐ Cuffed ☐ Uncuffed	☐ Cuffed ☐ Uncuffed
ETT Taped	☒ N/A	☐ Lip cm ☐ Nare cm	☐ Lip cm ☐ Nare cm
Extra Trach / ET Tube @ BS	☒ N/A	☐ Yes	☐ Yes
Ambu Bag/Mask	☒ N/A	☐ Yes	☐ Yes
02 / Suction @ BS		☒ Yes	☑ Yes
Wire Cutters @ BS	☒ N/A	☐ Yes	☐ Yes
Emergency Drug Sheet		☐ Yes	☑ Yes

GENERAL CARE	7A - 7P	7P - 7A
24 hr. Order Check	☐ Yes	☑ Yes
Bath (Linen) 1015H (Time Done)	☐ Yes	☐ Yes
Oral Care (Time Done)		
Trach Care / Change (Time Done)		
G-Tube Care (Time Done)		
Foley Care (Time Done)		
Dressing Change Site _____ (Time Done)		
Dressing Change Site _____ (Time Done)		
Dressing Change Site _____ (Time Done)		
IV Start/Restart 1140 (Time Done)	Size 22g # used 1	Size 22 # used 1
IV Tubing Change (Time Done)		
IV Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		
Feeding Tubing Change (Time Done)		

DURABLE EQUIPMENT

☐ Thermic Unit	☐ Sequential Compression Device
☐ PCA / Epidural _____	☐ Trays (i.e., Lumbar, etc.) x _____
☒ Infusion (One) Channel Pump x 1	☐ Photo Therapy
☐ Infusion (Two) Channel Pump x _____	☐ Other _____
☐ Infusion (Four) Channel Pump x _____	☐ Other _____
☐ Thoracic Suction	☐ Other _____
☐ External Pacemaker	☐ Other _____
☐ Kangaroo Pump	☐ Other _____
☒ Syringe Pump x 1	☐ Other _____

ALL PERSONNEL UTILIZING INITIALS ON THIS FORM WILL SIGN AND INITIAL BELOW

INIT	PRINT	SIGNATURE
MK	Melanie King	MKingen

INIT	PRINT	SIGNATURE
MH	Meredith Hill	MSHillRN
SD	Sally Derrick	Sally Derrick RN

North Texas Hospital for Children
at Medical City Dallas

PEDIATRIC INTERDISCIPLINARY FLOW SHEET

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PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/200
DOB: 07/20/94 7/F Sandell, Sharon R., M.D
[redacted]

-10[redacted]

PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N.

(WNL) = WITHIN NORMAL LIMITS

	DAY	EVENING	NIGHT
	Time of Assessment: 0830	Time of Assessment: 1500	Time of Assessment: 2030
	Signature/Title: mkingorn	Signature/Title: ME Allen	Signature/Title: SDaniel RN

NEUROLOGICAL

(WNL) = Oriented appropriately for age. Alert and/or easily aroused. PERL appropriate for age. Active and full ROM to all extremities with symmetry of strength. Behavioral / Developmental stage appropriate for age. Responsive to verbal, tactile and painful stimuli. No deficit in hearing or sight. Head and face symmetrical. Fontanel soft and flat.

DAY	EVENING	NIGHT
☐ WNL ☒ See detailed Neuro ☐ Agitated	☐ WNL ☑ See detailed Neuro ☐ Agitated	☐ WNL ☑ See detailed Neuro ☐ Agitated
☐ Sedated ☐ Paralyzed (chemically)	☐ Sedated ☐ Paralyzed (chemically)	☐ Sedated ☐ Paralyzed (chemically)
☐ Unresponsive to:	☐ Unresponsive to:	☐ Unresponsive to:
☐ Painful ☐ Tactile ☐ Verbal stimuli	☐ Painful ☐ Tactile ☐ Verbal stimuli	☐ Painful ☐ Tactile ☐ Verbal stimuli
☐ Post anesthesia ☐ Lethargic / drowsy	☐ Post anesthesia ☐ Lethargic / drowsy	☐ Post anesthesia ☐ Lethargic / drowsy
☐ Absent reflexes: ☐ Cough ☐ Gag	☐ Absent reflexes: ☐ Cough ☐ Gag	☐ Absent reflexes: ☐ Cough ☐ Gag
☐ Numbness: Location	☐ Numbness: Location	☐ Numbness: Location
☐ Tingling: Location	☐ Tingling: Location	☐ Tingling: Location
☐ Headache: Location	☐ Headache: Location	☐ Headache: Location
CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse	CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse	CRY: ☐ Lusty ☐ Weak ☐ High pitched ☐ No cry ☐ Hoarse
SUTURE: ☐ Over-riding ☐ Separated	SUTURE: ☐ Over-riding ☐ Separated	SUTURE: ☐ Over-riding ☐ Separated
FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed	FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed	FONTANEL: ☐ Tense ☐ Bulging ☐ Full ☐ Depressed
SUCK: ☐ Absent ☐ Weak	SUCK: ☐ Absent ☐ Weak	SUCK: ☐ Absent ☐ Weak
☐ Other:	☐ Other:	☐ Other:

CARDIOVASCULAR

(WNL) = Apical pulse regular and rate appropriate for age. Peripheral pulses present and equal bilaterally. No edema or cyanosis noted. Capillary refill less than 3 seconds. Blood pressure appropriate for age.

DAY	EVENING	NIGHT
☐ WNL ☐ Murmur	☐ WNL ☐ Murmur	☐ WNL ☐ Murmur
☐ Abnormal peripheral pulses	☐ Abnormal peripheral pulses	☐ Abnormal peripheral pulses
☐ Capillary refill ____ seconds	☐ Capillary refill ____ seconds	☐ Capillary refill ____ seconds
☒ Edema: Location generalized	☑ Edema: Location Facial	☑ Edema: Location facial
☐ 1+ ☒ 2+ ☐ 3+ ☐ 4+	☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+	☐ 1+ ☑ 2+ ☐ 3+ ☐ 4+
Location	Location	Location
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+	☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+	☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
☐ Arrhythmia	☐ Arrhythmia tachycardic	☐ Arrhythmia
☐ Temp. pacing wires intact and dry	☐ Temp. pacing wires intact and dry	☐ Temp. pacing wires intact and dry
☐ Pacemaker ☐ Rate	☐ Pacemaker ☐ Rate HR 137	☐ Pacemaker ☐ Rate
☐ Sensitivity	☐ Sensitivity	☐ Sensitivity
☐ Battery checked	☐ Battery checked	☐ Battery checked
☐ Other:	☑ Other: CA monitor	☑ Other: CA monitors

RESPIRATORY

(WNL) = Respirations unlabored and symmetrical; regular rhythm and depth; rate within normal limits for age. Breath sounds clear and equal bilaterally.

DAY	EVENING	NIGHT
☒ WNL ☐ Dyspneic ☐ Tachypneic	☐ WNL ☐ Dyspneic ☐ Tachypneic	☑ WNL ☐ Dyspneic ☐ Tachypneic
☐ Apnea ☐ Irregular	☐ Apnea ☐ Irregular	☐ Apnea ☐ Irregular
BREATH SOUNDS: ☐ Coarse ☐ Crackles	BREATH SOUNDS: ☐ Coarse ☐ Crackles	BREATH SOUNDS: ☐ Coarse ☐ Crackles
☐ Diminished ☐ Wheezing	☐ Diminished ☐ Wheezing	☐ Diminished ☐ Wheezing
☐ Stridor ☐ Nasal flaring	☐ Stridor ☐ Nasal flaring	☐ Stridor ☐ Nasal flaring
☐ Grunting ☐ Periodic breathing	☐ Grunting ☐ Periodic breathing	☐ Grunting ☐ Periodic breathing
RETRACTIONS: ☐ Subcostal ☐ Intercostal	RETRACTIONS: ☐ Subcostal ☐ Intercostal	RETRACTIONS: ☐ Subcostal ☐ Intercostal
☐ Substernal ☐ Suprasternal ☐ Subclavian	☐ Substernal ☐ Suprasternal ☐ Subclavian	☐ Substernal ☐ Suprasternal ☐ Subclavian
COUGH: ☐ Non-productive ☐ Productive	COUGH: ☐ Non-productive ☐ Productive	COUGH: ☐ Non-productive ☐ Productive
SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick	SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick	SECRETIONS: ☐ Oral ☐ Nasal ☐ Thick
☐ Thin ☐ Color	☐ Thin ☐ Color	☐ Thin ☐ Color
☐ O2 ____ % ____ l/min Method ____	☑ O2 98 % ____ l/min Method RA	☐ O2 ____ % ____ l/min Method ____
☐ Other:	☑ Other: pulsox	☐ Other:

GASTROINTESTINAL

(WNL) = Abdomen soft, non-distended, non-tender with active bowel sounds in all four quadrants. No complaint of nausea. No vomiting, pain, diarrhea or constipation.

DAY	EVENING	NIGHT
☐ WNL ☐ Masses ☐ Pain	☐ WNL ☐ Masses ☐ Pain	☐ WNL ☐ Masses ☐ Pain
ABD: ☐ Distended ☐ Firm ☐ Sunken	ABD: ☐ Distended ☐ Firm ☐ Sunken	ABD: ☐ Distended ☑ Firm ☐ Sunken
☐ Guarding ☒ Vomiting ☐ Diarrhea ☐ Nausea	☐ Guarding ☐ Vomiting ☑ Diarrhea ☐ Nausea	☐ Guarding ☑ Vomiting ☑ Diarrhea ☐ Nausea
☐ Last BM:	☐ Last BM:	☐ Last BM: NK
BOWEL SOUNDS: ☐ Absent ☐ Hypoactive	BOWEL SOUNDS: ☐ Absent ☐ Hypoactive	BOWEL SOUNDS: ☐ Absent ☐ Hypoactive
☐ Hyperactive	☐ Hyperactive	☐ Hyperactive
☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R	☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R	☐ NGT ☐ NDT ☐ Oral ☐ L ☐ R
☐ Placement verified ☐ Clamped ☐ Tube-fed	☐ Placement verified ☐ Clamped ☐ Tube-fed	☐ Placement verified ☐ Clamped ☐ Tube-fed
☐ Intermittent ☐ Drainage	☐ Intermittent ☐ Drainage	☐ Intermittent ☐ Drainage
☐ G-tube/Button ☐ J-tube ☐ Clamped	☐ G-tube/Button ☐ J-tube ☐ Clamped	☐ G-tube/Button ☐ J-tube ☐ Clamped
☐ Tube-fed	☐ Tube-fed	☐ Tube-fed
☐ Drainage:	☐ Drainage:	☐ Drainage:
Ostomy: Type	Ostomy: Type minimal pointed	Ostomy: Type
☐ Other:	☑ Other: flx. vomiting	☐ Other:

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WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
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MTI #091 [redacted]
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PATIENT ASSESSMENT

TO BE COMPLETED BY R.N. OR L.V.N.
(WNL) = WITHIN NORMAL LIMITS

	DAY	EVENING	NIGHT
	Time of Assessment: 0830 Signature/Title: M Kruger	Time of Assessment: 1205 Signature/Title: M Kruger	Time of Assessment: 2030 Signature/Title: S Denise RN

GENITOURINARY / GYNECOLOGICAL

(WNL) = Voiding without dysuria, frequency, or urgency. No bladder distention. No edema, redness, or discharge in GU area. No abnormal bleeding. Continency appropriate for age. Urine clear, yellow to amber with adequate output.

DAY
- ☐ WNL ☐ Bladder distended ☒ Incontinent
- ☐ Catheter ☐ Cloudy ☐ Sediment
- ☐ Color: _____ ☐ Hematuria
- ☐ Dysuria ☐ Frequency ☐ Urgency
- GU AREA: ☒ Edema ☒ Redness
- ☐ Discharge _____
- ☐ Bruising ☐ Menses
- ☒ Other: Rash c Pustules

EVENING
- ☐ WNL ☐ Bladder distended ☐ Incontinent
- ☐ Catheter ☐ Cloudy ☐ Sediment
- ☐ Color: _____ ☐ Hematuria
- ☐ Dysuria ☐ Frequency ☐ Urgency
- GU AREA: ☑ Edema ☑ Redness
- ☐ Discharge _____
- ☐ Bruising ☐ Menses
- ☑ Other: Rash

NIGHT
- ☐ WNL ☐ Bladder distended ☐ Incontinent
- ☐ Catheter ☐ Cloudy ☐ Sediment
- ☐ Color: _____ ☐ Hematuria
- ☐ Dysuria ☐ Frequency ☐ Urgency
- GU AREA: ☑ Edema ☑ Redness
- ☐ Discharge _____
- ☐ Bruising ☐ Menses
- ☑ Other: fluid filled areas GU

INTEGUMENTARY

(WNL) = Skin warm, dry and intact. Mucous membranes pink and moist. Elastic turgor. No evidence of rash, ecchymosis or lesions. Appropriate hair distribution for age.

DAY
- ☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic
- ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale
- ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling
- ☐ Ecchymosis ☐ Poor turgor ☐ Mottled
- CYANOSIS: ☐ Central ☐ Circumoral
- ☐ Acrocyanosis
- ☒ Rash generalized c pustules
- ☐ Diaper rash _____ ☒ Lesions _____
- ☐ Alopecia ☐ Petechiae
- ☐ Puncture sites from IV starts/lab draws
- ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy
- Condition at site: _____
- Incision: Location _____
- ☐ Other: _____

EVENING
- ☐ WNL ☐ Hot ☐ Flushed ☐ Diaphoretic
- ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale
- ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling
- ☐ Ecchymosis ☐ Poor turgor ☐ Mottled
- CYANOSIS: ☐ Central ☐ Circumoral
- ☐ Acrocyanosis
- ☑ Rash over entire upper body
- ☐ Diaper rash _____ ☐ Lesions _____
- ☐ Alopecia ☐ Petechiae
- ☐ Puncture sites from IV starts/lab draws
- ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy
- Condition at site: _____
- Incision: Location _____
- ☐ Other: _____

NIGHT
- ☐ WNL ☑ Hot ☐ Flushed ☐ Diaphoretic
- ☐ Cool ☐ Clammy ☐ Jaundiced ☐ Pale
- ☐ Dusky ☐ Dry ☐ Cyanotic ☐ Peeling
- ☐ Ecchymosis ☐ Poor turgor ☐ Mottled
- CYANOSIS: ☐ Central ☐ Circumoral
- ☐ Acrocyanosis
- ☑ Rash entire body
- ☐ Diaper rash _____ ☐ Lesions _____
- ☐ Alopecia ☐ Petechiae
- ☐ Puncture sites from IV starts/lab draws
- ☐ Stoma ☐ Trach ☐ Colostomy ☐ Ileostomy
- Condition at site: _____
- Incision: Location _____
- ☐ Other: _____

MUSCULOSKELETAL

(WNL) = Full ROM of all joints. No muscle weakness. No evidence of inflammation, swelling or pain. Gait and ambulation appropriate for age.

DAY
- ☐ WNL ☒ Weakness generalized
- ☐ Fracture _____
- ☐ Traction _____
- ☐ Distraction Device _____
- ☐ Cast _____
- ☐ Assistive Devices _____
- ☐ Edema _____
- ☐ Other: _____

EVENING
- ☐ WNL ☑ Weakness generalized
- ☐ Fracture _____
- ☐ Traction _____
- ☐ Distraction Device _____
- ☐ Cast _____
- ☐ Assistive Devices _____
- ☐ Edema _____
- ☐ Other: _____

NIGHT
- ☐ WNL ☑ Weakness General
- ☐ Fracture _____
- ☐ Traction _____
- ☐ Distraction Device _____
- ☐ Cast _____
- ☐ Assistive Devices _____
- ☑ Edema Generalized
- ☐ Other: _____

HEAD, EARS, NOSE, MOUTH AND THROAT

(WNL) = No drainage or bleeding. No edema or lesions. No hearing or visual disturbances. Sclera white and clear. No pain. Does not wear glasses, contacts or hearing aids. Nares patent.

DAY
- ☐ WNL
- ☐ Drainage _____
- ☐ Bleeding _____
- ☒ Edema _____
- ☐ Cleft lip ☐ Cleft palate ☐ Palate device
- ☒ Oral lesions _____
- ☐ Mucositis
- ☐ Thrush ☐ Wired/banded jaw
- **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid
- **Vision:** ☐ Impaired ☐ Glasses
- ☐ Contact Lenses
- ☐ Other: _____

EVENING
- ☐ WNL
- ☐ Drainage _____
- ☐ Bleeding _____
- ☑ Edema Facial
- ☐ Cleft lip ☐ Cleft palate ☐ Palate device
- ☑ Oral lesions _____
- ☐ Mucositis
- ☐ Thrush ☐ Wired/banded jaw
- **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid
- **Vision:** ☐ Impaired ☐ Glasses
- ☐ Contact Lenses
- ☐ Other: _____

NIGHT
- ☐ WNL
- ☑ Drainage pustules
- ☐ Bleeding _____
- ☑ Edema _____
- ☐ Cleft lip ☐ Cleft palate ☐ Palate device
- ☑ Oral lesions _____
- ☐ Mucositis
- ☐ Thrush ☐ Wired/banded jaw
- **Hearing:** ☐ Impaired ☐ Deaf ☐ Hearing Aid
- **Vision:** ☑ Impaired ☐ Glasses
- ☐ Contact Lenses
- ☐ Other: _____

TUBES / DRAINS / IVs

(WNL) = Patent

DAY
- ☒ WNL
- #1 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- #2 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- IV SITES:
- Type PIV Location (R) Hand
- Type _____ Location _____
- Type _____ Location _____
- Type _____ Location _____
- TUBES/DRAINS:
- Type _____ Location _____
- Type _____ Location _____

EVENING
- ☑ WNL
- #1 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- #2 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- IV SITES:
- Type PIV Location (R) AC
- Type _____ Location _____
- Type _____ Location _____
- Type _____ Location _____
- TUBES/DRAINS:
- Type _____ Location _____
- Type _____ Location _____

NIGHT
- ☑ WNL
- #1 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- #2 Location: _____
- ☐ Gravity/Water seal ☐ Suction _____ cm
- ☐ Drainage _____ ☐ Fluctuates
- IV SITES:
- Type PIV Location (R) AC
- Type _____ Location _____
- Type _____ Location _____
- Type _____ Location _____
- TUBES/DRAINS:
- Type _____ Location _____
- Type _____ Location _____

PATIENT IDENTIFICATION

Medical City Dallas Hospital
WILLIAMS, LABREA
H00707472988 MR#: H000826583 6/2/2002
DOB: 07/20/94 7/F Sandell, Sharon R., M.D.
[redacted]

-107106

Form #0912130 Dept. 640, 645

Date: 6/3/02 P.O. Day:

CHANGE IN PHYSICAL ASSESSMENT Y/N	TIME	INITIALS	Temp o/R/ax	P	R	NBP	MEAN	Art	MAP	CVP				Suction	Pulse Ox	I.S.	FIO2 / Mode	Vol / Rate	Pres / Peep	PIP / ETCO2	pH	PCO2	PO2	HCO3 / BE	Glucose
	08	mk	37.1°A	126	22	118/[illegible]									100		RA								
	9	[illegible]	38.5																						
	10																								
	11		ax																						
	12	[illegible]	37.9	136	22	123/63									99%		RA								
	13																								
	14														100%		RA								
	15																								
	16	[illegible]	39.4	146	24		Infused																		
	17																								
	18																								
	20	SD	38.1	143	25										100		RA								
	21																								
	22																								
	23																								
	00	SD	38.4	163	29	105/62									98		RA								
	01																								
	02																								
	03																								
	04	SD	37.1	140	22	115/75									98										
	05																								
	06																								

GENERAL KEYS

- B - Bilateral
- R - Right
- L - Left
- Ø - Absent/None
- + - Present
- NA - Not applicable
- Δ - Change
- * - Further documentation required. (See Interdisciplinary Progress Notes).
- ✔ - Done
- Y - Yes
- N - No

CHANGE IN PHYSICAL ASSESSMENT

- Y - Yes (See N.N.)
- N - No

CARDIOVASCULAR

CAP REFILL

Indicate number of seconds

PULSES

- Ø - Absent
- 1+ - Weak, thready
- 2+ - Difficult to palpate, diminished
- 3+ - Normal
- 4+ - Bounding

SKIN

- 1 - Pink
- 2 - Pale
- 3 - Mottled
- 4 - Dusky
- 5 - Circumoral cyanosis
- 6 - Cyanotic
- 7 - Jaundiced
- 8 - Acrocyanosis
- W - Warm
- H - Hot
- C - Cool
- P - Peeling
- S - Diaphoretic
- B - Bruised
- BL - Blistered
- M - Moist
- D - Dry

EDEMA LOCATION

- SC - Scalp
- P - Periorbital
- T - Trunk
- UE - Upper extremities
- LE - Lower extremities
- G - Generalized

EDEMA SEVERITY

- 1+ - Mild
- 2+ - Moderate
- 3+ - Severe
- 4+ - Pitting

OXYGEN DELIVERY MODE

- H - Hood
- ETT - Endotracheal Tube
- Tr - Trach Collar
- NC - Nasal Cannula
- M - Mask
- NR - Non-Rebreather
- BB - Blow By
- Other ______

PAIN

PAIN ASSESSMENT SCALES

PAIN SCALE: F - Faces N - Numeric I - Infant

INFANT TO 7 YEARS — CHEOPS (Children's Hospital of Eastern Ontario Pain Scale)

INDICATOR	BEHAVIOR	SCORE
Cry	No cry	1
	Moaning	2
	Crying	2
	Scream	3
Facial	Composed	1
	Grimace	2
	Smiling	0
Child Verbal	None	1
	Other Complaints	1
	Pain Complaints	2
	Both Complaints	2
	Positive	0
Torso	Neutral	1
	Shifting	2
	Tense	2
	Shivering	2
	Upright	2
	Restrained	2
Touch	Not Touching	1
	Reach	2
	Touch	2
	Grab	2
	Restrained	2
Legs	Neutral	1
	Squirming/Kicking	2
	Drawn Up/Tensed	2
	Standing	2
	Restrained	2

4 = NO PAIN 13 = WORST PAIN

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